Image# 14978096110 PAGE 1 / 74

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Us	se Only
NAME OF TOMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typion the lines.	ng, type	12FE4M	5	
CHARLOTTE-MECKLENBUF	RG HOSPITAL A	UTHORITY/CA	ROLINAS H	EALTHCAF	RE SYSTEM	/ EMPLO	YEES FED PAC
ADDRESS (number and street)	ATTENTION: MA	RY ANN ROUSE		1 1 1 1		1 1 1	
The street of th	1000 BLYTHE BO	ULEVARD					
Check if different than previously reported. (ACC)	CHARLOTTE				NC	28203	-2861
2. FEC IDENTIFICATION NUI	MBER ▼	CITY			STATE A		ZIP CODE 🛦
C C00423871		3. IS THIS REPORT	\ \ \	NEW N) <b>OR</b>	Al (A	MENDED A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.	Mar 20 (M3)		Jun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1  July 15  Quarterly Report (Q2	(c) 12-Day PRE-Ele		Primary (12F		General	` ,	Runoff (12R)
Cotober 15 Quarterly Report (Q3)	Report f	for the:	Convention (	120)	Special	(128)	
January 31 Year-End Report (YE		Election on	M M /	D D /	Y Y Y		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E		General (300	G)	Runoff (	(30R)	Special (30S)
Termination Report (TER)	пероп	Election on	M - M /	D = D /	Y		in the State of
5. Covering Period 07	/ D D / Y	2014	through	09	30	/ Y Y 201	4
I certify that I have examined this	s Report and to the	e best of my kno	wledge and	belief it is tru	e, correct ar	nd complet	re.
Type or Print Name of Treasurer	Mary Ann Rouse						
Signature of Treasurer Mary A	Ann Rouse		[Electronicall	y Filed]	ate 10	M / D	2014
NOTE: Submission of false, erroned	ous, or incomplete i	information may su	bject the per	son signing th	is Report to	the penaltic	es of 2 U.S.C. §437g.
Office Use Only							FORM 3X ev. 12/2004

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

09 30 2014 Report Covering the Period: 07 2014 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 274486.06 January 1. 2014 (b) Cash on Hand at 188121.86 Beginning of Reporting Period..... 57341.31 18181.44 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 206303.30 331827.37 6(a) and 6(c) for Column B)..... 158250.00 283774.07 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 48053.30 48053.30 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period: From:	7 01 / Y Y Y Y 2014	To: 09 / 30 / 2014				
I. Receipts	I. Receipts COLUMN A Total This Period					
11. Contributions (other than loans) From:  (a) Individuals/Persons Other  These Political Committees						
Than Political Committees  (i) Itemized (use Schedule A)	16382.75	46225.58				
(ii) Unitemized(iii) TOTAL (add	1753.27	10818.38				
Lines 11(a)(i) and (ii)▶	18136.02	57043.96				
(b) Political Party Committees(c) Other Political Committees	0.00	0.00				
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  12. Transfers From Affiliated/Other	18136.02	57043.96				
Party Committees	0.00	0.00				
13. All Loans Received	0.00	0.00				
<ul><li>14. Loan Repayments Received</li><li>15. Offsets To Operating Expenditures</li></ul>	0.00	0.00				
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	137.72				
to Federal Candidates and Other Political Committees	0.00	0.00				
(Dividends, Interest, etc.)	45.42	159.63				
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	18181.44	57341.31				
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	18181.44	57341.31				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disburser	ments	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/N Activity (from Sched	on-Federal dule H4)		7.00.00
- · · · · · · · · · · · · · · · · · · ·		0.00	0.00
(ii) Non-Federal Sl	hare	0.00	0.00
(b) Other Federal Oper	-	0.00	24.07
Expenditures (c) Total Operating Exp		0.00	24.07
(add 21(a)(i), (a)(ii),	1.11	0.00	24.07
<ol><li>Transfers to Affiliated/Ot Committees</li></ol>	,	0.00	0.00
<ol><li>Contributions to Federal Candidates/Com and Other Political Com</li></ol>	nmittees mittees	32500.00	52500.00
4. Independent Expenditure		0.00	0.00
(use Schedule E) 5. Coordinated Party Experts (2.11.5.0 \$441a.d)	nditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)		0.00	0.00
6. Loan Repayments Made	·	0.00	0.00
7. Loans Made 8. Refunds of Contributions		0.00	0.00
(a) Individuals/Persons Than Political Com	Other	0.00	0.00
(b) Political Party Comi	mittees	0.00	0.00
(c) Other Political Com (such as PACs)	mittees	0.00	0.00
(d) Total Contribution F (add Lines 28(a), (b		0.00	0.00
9. Other Disbursements		125750.00	231250.00
Federal Election Activity     (a) Allocated Federal E     (from Schedule H6)	lection Activity		
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Ac With Federal F	fivity Paid Entirely unds	0.00	0.00
(c) Total Federal Election Lines 30(a)(i), 30(a	on Activity (add a)(ii) and 30(b))►	0.00	0.00
I. Total Disbursements (ad	d Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d	), 29 and 30(c))	158250.00	283774.07
2. Total Federal Disbursem			
(subtract Line 21(a)(ii) a from Line 31)		158250.00	283774.07

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	18136.02	57043.96
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18136.02	57043.96
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	24.07
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	137.72
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-113.65

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	INE NU	IMBER	:	PAGE	6	OF	74
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  Pamela M Beckwith  Mailing Address 1709 Rosebank Lane		Date of Receipt
City Charlotte	State Zip Code NC 28226	7 01 2014 Transaction ID : SA11AI.12161 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer  CarolinasHealthCareSystem	Occupation ADMIN	- Payroll Deduction \$166.67 monthly
Receipt For: 2014  Primary   General  Other (specify)   ▼	Aggregate Year-to-Date ▼ 1166.69	
Full Name (Last, First, Middle Initial)  Pamela M Beckwith  Mailing Address 1709 Rosebank Lane		Date of Receipt
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.12233  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2014  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	
Full Name (Last, First, Middle Initial)  Pamela M Beckwith	•	Date of Receipt
Mailing Address 1709 Rosebank Lane	State Zip Code	08 29 2014
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.12371  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2014  Primary   General  Other (specify)   ▼	Aggregate Year-to-Date ▼ 1500.03	
SUBTOTAL of Receipts This Page (optional	)	500.01
TOTAL This Period (last page this line number	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	IE NU	IMBER	:	PAGE	:	7	OF	74
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13		14		15		16		17

or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee t	o solicit contributions from such committee.
/	DSPITAL AUTHORITY/CAROLINAS HEALTH	UARE SYSTEM EMPLOYEES FED PA
Full Name (Last, First, Middle Initial)  Benjamin Rix Brooks		Date of Receipt
Mailing Address 2024 New Hope Road		07 01 2014
City	State Zip Code	Transaction ID : SA11AI.12167
Charlotte	NC 28203-6064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	PHYS	
Receipt For: 2014	Aggregate Year-to-Date ▼	1
Primary General	. iggiogato Tour to Buto V	
Other (specify) ▼	291.69	
Full Name (Last, First, Middle Initial)  3. Benjamin Rix Brooks	•	Date of Receipt
Mailing Address 2024 New Hope Road		08 01 2014 _
City	State Zip Code	Transaction ID : SA11AI.12239
Charlotte	NC 28203-6064	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	41.67
Name of Employer	Payroll Deduction \$41.67 monthly	
CarolinasHealthCareSystem	Occupation	
Receipt For: 2014	PHYS	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial)  C. Benjamin Rix Brooks	•	Date of Receipt
Mailing Address 2024 New Hope Road		08 29 2014
City	State Zip Code	Transaction ID : SA11AI.12377
Charlotte	NC 28203-6064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	PHYS	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary General	075.00	
Other (specify) ▼	375.03	
SUBTOTAL of Receipts This Page (options	al)	125.01
TOTAL This Period (last page this line nun		

Use separate schedule(s) for each category of the **Detailed Summary Page** 

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	13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Jerry L Bryson Date of Receipt Mailing Address 148 Cabell Way 2014 29 City Zip Code State Transaction ID: SA11AI.12367 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road 07 01 2014 City State Zip Code Transaction ID: SA11AI.12169 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Payroll Deduction \$62.5 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 437.50 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road M = M 80 01 2014 City Zip Code State Transaction ID: SA11AI.12241 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Payroll Deduction \$62.5 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 500.00 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

Use separate schedule(s) for each category of the Detailed Summary Page

	_	LINE	_		:	PAGE	9	OF	74
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		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road 2014 29 City Zip Code State Transaction ID: SA11AI.12379 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing C 62.50 federal political committee. Payroll Deduction \$62.5 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 562.50 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy C. Butler Date of Receipt Mailing Address 3821 Kitley Place 07 01 2014 City State Zip Code Transaction ID: SA11AI.12182 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 291.69 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy C. Butler Date of Receipt Mailing Address 3821 Kitley Place M = M 80 01 2014 City Zip Code State Transaction ID: SA11AI.12254 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 333.36 145.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

	NUMBER	: PAGE	10 OF	74
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13	14	15	16	17

NAME OF COMMITTEE (In Full)	the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALTH	
Full Name (Last, First, Middle Initial) Nancy C. Butler Mailing Address 3821 Kitley Place	State 7:- Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28210	Transaction ID : SA11AI.12392
FEC ID number of contributing federal political committee.	C 28210	Amount of Each Receipt this Period  41.67
Name of Employer  CarolinasHealthCareSystem  Receipt For: 2014  Primary   General  Other (specify)   ▼	Occupation ADMIN  Aggregate Year-to-Date ▼  375.03	Payroll Deduction \$41.67 monthly
Full Name (Last, First, Middle Initial)  Dr. Vincent P Casingal  Mailing Address 7112 Graybeard Court	•	Date of Receipt
City Charlotte	State Zip Code NC 28226	7 Transaction ID : SA11AI.12413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Payroll Deduction \$25 monthly
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	
Receipt For: 2014  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Mr. Jack F Chamblee  Mailing Address 798 Hidden Forest Lane	<u>'</u>	Date of Receipt
City Hayesville	State Zip Code NC 28904	7 01 2014 Transaction ID : SA11AI.12205 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2014  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  291.69	
SUBTOTAL of Receipts This Page (optional	)	108.34
TOTAL This Period (last page this line num	por only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	1	11	OF	74
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  Mr. Jack F Chamblee  Mailing Address 798 Hidden Forest Lane		Date of Receipt
		08 01 2014
City Hayesville	State Zip Code NC 28904	Transaction ID : SA11AI.12277  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2014  Primary   General  Other (specify)   ■	Aggregate Year-to-Date ▼  333.36	
Full Name (Last, First, Middle Initial)  Mr. Jack F Chamblee  Mailing Address 798 Hidden Forest Lane	,	Date of Receipt  08 29 2014
City Hayesville	State Zip Code NC 28904	Transaction ID : SA11AI.12415  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2014  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.03	
Full Name (Last, First, Middle Initial)  C. Mr. Paul G Colavita		Date of Receipt
Mailing Address 2401 Inverness Road		07 01 2014 _
City Charlotte	State Zip Code NC 28209	Transaction ID : SA11AI.12175  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer  Carolinas HealthCare System  Receipt For: 2014  Primary ☐ General  Other (specify) ▼	Occupation ADMIN  Aggregate Year-to-Date ▼  291.69	Payroll Deduction \$41.67 monthly
SUBTOTAL of Receipts This Page (optional)		125.01
TOTAL This Period (last page this line number	r only)	

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Use separate schedule(s)	(check only one	)		
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  Mr. Paul G Colavita		Date of Receipt
Mailing Address 2401 Inverness Road		08 01 / Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.12247
Charlotte	NC 28209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2014  Primary General  Other (specify)	Aggregate Year-to-Date ▼  333.36	
Full Name (Last, First, Middle Initial)  Mr. Paul G Colavita  Mailing Address 2401 Inverness Road		Date of Receipt
		08 29 2014
City Charlotte	State Zip Code NC 28209	Transaction ID : SA11Al.12385
Charlotte  EEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	- Payroll Deduction \$41.67 monthly
Receipt For: 2014  Primary	Aggregate Year-to-Date ▼  375.03	
Full Name (Last, First, Middle Initial)  C. Rose Lyerly Cook		Date of Receipt
Mailing Address 1329 Wyanoke Avenue		08 29 2014
City Shelby	State Zip Code NC 28152	Transaction ID : SA11AI.12365  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Payroll Deduction \$25 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary	225.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	108.34
TOTAL This Period (last page this line numbe	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	13		14		15		16		17

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or for commercial purposes, of	other than using the name	ne and address of any political com	mmittee to solicit contributions from such co	mmittee.
NAME OF COMMITTEE (I CHARLOTTE-MECKLI		. AUTHORITY/CAROLINAS HE	HEALTHCARE SYSTEM EMPLOYEES	FED PAC
Full Name (Last, First, Michael P Fabrizius  Mailing Address 18754 Gr	· 		Date of Receipt	YYY
City Davidson  FEC ID number of contributed committee.	S	State Zip Code NC 28036	08 29 20 Transaction ID : SA11AI.1237 Amount of Each Receipt this P	
Name of Employer  CarolinasHealthCareSyster  Receipt For: 2014  Primary   Other (specify) ▼	n ADI	ccupation pMIN ggregate Year-to-Date ▼ 225.0	Payroll Deduction \$25 monthly  5.00	
Full Name (Last, First, Mic  Dr. Marsha D Ford  Mailing Address 6836 Alex  City Charlotte  FEC ID number of contributederal political committee.  Name of Employer Carolinas HealthCare Systee  Receipt For: 2014  Primary  Ge	ander Road  S N uting  C PHY Agg	cupation		-
Full Name (Last, First, Mic Dr. Marsha D Ford Mailing Address 6836 Alex  City Charlotte  FEC ID number of contributederal political committee.	sander Road  S N  uting		Date of Receipt	
Name of Employer  Carolinas HealthCare Syste  Receipt For: 2014  Primary   Other (specify) ▼	em PH	ecupation HYS ggregate Year-to-Date ▼ 800.0		
<u>`</u>				225.00
TOTAL This Period (last page	ge this line number only).			

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  A. Dr. Marsha D Ford		Date of Receipt
Mailing Address 6836 Alexander Road		08 29 2014
City	State Zip Code	Transaction ID : SA11AI.12408
Charlotte	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Payroll Deduction \$100 monthly
Carolinas HealthCare System	PHYS	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)  3. Michelle Fortune		Date of Receipt
Mailing Address 105 Willow-Ridge Drive		07 01 _2014 _
City	State Zip Code	Transaction ID : SA11AI.12149
Morganton	NC 28655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary	291.69	
Full Name (Last, First, Middle Initial)  C. Michelle Fortune		Date of Receipt
Mailing Address 105 Willow-Ridge Drive		08 01 2014
City	State Zip Code	Transaction ID : SA11AI.12221
Morganton	NC 28655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary	333.36	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	183.34
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  A. Michelle Fortune		Date of Receipt
Mailing Address 105 Willow-Ridge Drive		08 29 2014
City	State Zip Code NC 28655	Transaction ID : SA11AI.12359
Morganton  EEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation ADMIN	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem Receipt For: 2014	ADMIN  Aggregate Year-to-Date ▼	1
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
Full Name (Last, First, Middle Initial)  Mr. Paul S Franz		Date of Receipt
Mailing Address 1320 Fillmore Avenue #505		07 01 _2014
City	State Zip Code	7 01 2014 Transaction ID : SA11AI.12154
Charlotte	NC 28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer CarolinasHealthCareSystem	Occupation	Payroll Deduction \$416.67 monthly
Receipt For: 2014	ADMIN	-
Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼  2916.69	
Full Name (Last, First, Middle Initial)  Mr. Paul S Franz		Date of Receipt
Mailing Address 1320 Fillmore Avenue #505		08 01 _ 2014 _
City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.12226  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014 Primary X General	Aggregate Year-to-Date ▼	
Other (specify) ▼	3333.36	
SUBTOTAL of Receipts This Page (optional)		875.01
TOTAL This Period (last page this line number	<u> </u>	

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and address of any political committee to	o solicit contributions from such committee.
CHARLOTTE-MECKLENBURG HOSE  Full Name (Last, First, Middle Initial)  Mr. Paul S Franz  Mailing Address 1320 Fillmore Avenue #505  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2014  Primary X General	State Zip Code NC 28203  C  Occupation ADMIN  Aggregate Year-to-Date   2750.03	Date of Receipt  08 29 2014  Transaction ID: SA11AI.12364  Amount of Each Receipt this Period  416.67  Payroll Deduction \$416.67 monthly
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Greg A Gombar  Mailing Address 4625 Cotton Creek Drive	3750.03	Date of Receipt  07 01 2014
City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2014  Primary General	State Zip Code NC 28226  C Occupation ADMIN Aggregate Year-to-Date ▼	Transaction ID : SA11AI.12188  Amount of Each Receipt this Period  416.67  Payroll Deduction \$416.67 monthly
Other (specify)  Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek Drive  City Charlotte	State Zip Code NC 28226	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer  Carolinas HealthCare System  Receipt For: 2014  Primary General  Other (specify)	Occupation ADMIN  Aggregate Year-to-Date ▼  3333.36	416.67  Payroll Deduction \$416.67 monthly
SUBTOTAL of Receipts This Page (optional)	<b></b>	1250.01
TOTAL This Period (last page this line numbe	r only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Date of Receipt Mailing Address 4625 Cotton Creek Drive 2014 29 City Zip Code State Transaction ID: SA11AI.12398 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 3750.03 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Clark E Goodwin Date of Receipt Mailing Address 6028 Alexa Road 08 29 2014 City State Zip Code Transaction ID: SA11AI.12405 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 225.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Mary N Hall Date of Receipt Mailing Address 1040 Queens Road M = M 07 01 2014 City Zip Code State Transaction ID: SA11AI.12148 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 583.38 525.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: (check only one)			PAGE	. 1	18	OF	74			
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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  Dr. Mary N Hall  Mailing Address 1040 Queens Road		Date of Receipt
UBON SIBBOU TOTO QUEETIS ROBU		08 01 2014
City	State Zip Code	Transaction ID : SA11AI.12220
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2014 Primary General Other (specify)	Aggregate Year-to-Date ▼  666.72	
Full Name (Last, First, Middle Initial)  Dr. Mary N Hall  Mailing Address 1040 Queens Road		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	08 29 2014 Transaction ID : SA11AI.12358
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2014  Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	
Full Name (Last, First, Middle Initial)  Sara J Herron		Date of Receipt
Mailing Address 9422 Briarwick Lane		07 01 2014
City Charlotte	State         Zip Code           NC         28277-1673	Transaction ID : SA11AI.12209  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	1
Primary	875.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	291.68
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Sara J Herron Date of Receipt Mailing Address 9422 Briarwick Lane 01 2014 City Zip Code State Transaction ID: SA11AI.12281 NC Charlotte 28277-1673 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sara J Herron Date of Receipt Mailing Address 9422 Briarwick Lane 08 29 2014 City State Zip Code Transaction ID: SA11AI.12419 Charlotte NC 28277-1673 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurence C Hinsdale Date of Receipt Mailing Address 7117 Stirewalt Road M = M 07 01 2014 City Zip Code State Transaction ID: SA11AI.12204 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1750.00 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

9

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  Laurence C Hinsdale  Mailing Address 7117 Stirewalt Road		Date of Receipt
City Concord	State Zip Code NC 28027	08 01 2014  Transaction ID : SA11AI.12276  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Carolinas HealthCare System  Receipt For: 2014	Occupation ADMIN  Aggregate Year-to-Date ▼	250.00 Payroll Deduction \$250 monthly
Primary ☐ General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Laurence C Hinsdale	2000.00	Date of Receipt
Mailing Address 7117 Stirewalt Road  City	State Zip Code	Date of Receipt  08 29 2014  Transaction ID : SA11AI.12414
Concord  FEC ID number of contributing federal political committee.	NC 28027	Amount of Each Receipt this Period  250.00
Name of Employer Carolinas HealthCare System  Receipt For: 2014  Primary  General  Other (specify) ▼	Occupation ADMIN  Aggregate Year-to-Date ▼  2250.00	Payroll Deduction \$250 monthly
Full Name (Last, First, Middle Initial)  Mr. Christopher R Hummer  Mailing Address 215 Hillside Avenue  City	State Zip Code	Date of Receipt  07 01 2014  Transaction ID: SA11AI.12171
Charlotte  FEC ID number of contributing federal political committee.  Name of Employer  CarolinasHealthCareSystem  Receipt For: 2014  Primary General	NC 28209  C Occupation ADMIN Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  125.00  Payroll Deduction \$125 monthly
Other (specify) ▼	875.00	625.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer Date of Receipt Mailing Address 215 Hillside Avenue 01 2014 City Zip Code State Transaction ID: SA11AI.12243 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Christopher R Hummer Date of Receipt Mailing Address 215 Hillside Avenue 08 29 2014 City State Zip Code Transaction ID: SA11AI.12381 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) c. James C Hunter Date of Receipt Mailing Address 2701 Rothwood Drive M = M 07 01 2014 City Zip Code State Transaction ID: SA11AI.12176 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 166.67 С federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation CarolinasHealthCareSystem **ADMIN** Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1000.02 416.67 SUBTOTAL of Receipts This Page (optional).....

9

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  1. James C Hunter		Date of Receipt
Mailing Address 2701 Rothwood Drive		08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.12248
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer  CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2014		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1166.69	
Full Name (Last, First, Middle Initial)  James C Hunter		Date of Receipt
Mailing Address 2701 Rothwood Drive		08 29 2014
City	State Zip Code	Transaction ID : SA11AI.12386
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1333.36	
Full Name (Last, First, Middle Initial)  Mr. W. Christopher Johnson		Date of Receipt
Mailing Address 445 Forest Hill Circle		07 01 2014
City	State Zip Code	Transaction ID : SA11AI.12187
Rutherfordton	NC 28139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary	291.69	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	375.01
TOTAL This Period (last page this line number	· only)	

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74

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson Date of Receipt Mailing Address 445 Forest Hill Circle 01 2014 City Zip Code State Transaction ID: SA11AI.12259 NC Rutherfordton 28139 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. W. Christopher Johnson Date of Receipt Mailing Address 445 Forest Hill Circle 08 29 2014 City State Zip Code Transaction ID: SA11AI.12397 Rutherfordton NC 28139 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 375.03 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Robert M Keener Date of Receipt Mailing Address 625 Club Drive M = M 80 29 2014 City Zip Code State Transaction ID: SA11AI.12406 NC Stanley 28164 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 225.00 108.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. John J Knox Date of Receipt Mailing Address 6530 Boykin Spaniel Road 01 2014 City Zip Code State Transaction ID: SA11AI.12197 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 291.69 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John J Knox Date of Receipt Mailing Address 6530 Boykin Spaniel Road 08 01 2014 City State Zip Code Transaction ID: SA11AI.12269 Charlotte NC 28277 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 333.36 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. John J Knox Date of Receipt Mailing Address 6530 Boykin Spaniel Road M = M 80 29 2014 City Zip Code State Transaction ID: SA11AI.12407 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem

375.03

Aggregate Year-to-Date ▼

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Thomas F Laymon Date of Receipt Mailing Address 2004 Garden View Lane 01 2014 City Zip Code State Transaction ID: SA11AI.12166 NC Weddington 28104 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Payroll Deduction \$100 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 700.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas F Laymon Date of Receipt Mailing Address 2004 Garden View Lane 08 01 2014 City State Zip Code Transaction ID: SA11AI.12238 Weddington NC 28104 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Payroll Deduction \$100 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 800.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas F Laymon Date of Receipt Mailing Address 2004 Garden View Lane M = M 80 29 2014 City Zip Code State Transaction ID: SA11AI.12376 NC Weddington 28104 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Payroll Deduction \$100 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 900.00 300.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 26 OF 74 Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Date of Receipt Mailing Address 9438 White Hemlock Lane 01 2014 City State Zip Code Transaction ID: SA11AI.12210 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Payroll Deduction \$60 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frank S Letherby Date of Receipt Mailing Address 9438 White Hemlock Lane 80 01 2014 City State Zip Code Transaction ID: SA11AI.12282 Charlotte NC 28270 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Payroll Deduction \$60 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN

Receipt For: 2014  Primary	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial)  C. Mr. Frank S Letherby  Mailing Address 9438 White Hemlock Lane  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2014  Primary General Other (specify)	State Zip Code NC 28270  C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt  08 29 2014  Transaction ID : SA11AI.12420  Amount of Each Receipt this Period  60.00  Payroll Deduction \$60 monthly

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TOTAL This Period (last page this line number only).....

180.00

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen Lane		Date of Receipt
City Huntersville	State Zip Code NC 28078	07 01 2014  Transaction ID : SA11AI.12208  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	166.67 Payroll Deduction \$166.67 monthly
Carolinas HealthCare System  Receipt For: 2014  Primary ☐ General  Other (specify) ▼	ADMIN  Aggregate Year-to-Date ▼  1166.69	
Full Name (Last, First, Middle Initial)  Mr. W. Spencer Lilly  Mailing Address 9306 Copans Glen Lane		Date of Receipt  08 01 2014
City Huntersville	State Zip Code NC 28078	Transaction ID : SA11AI.12280  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67 Payroll Deduction \$166.67 monthly
Name of Employer Carolinas HealthCare System Receipt For: 2014	Occupation ADMIN	. a, on boddonon product monthly
Primary	Aggregate Year-to-Date ▼  1333.36	
Full Name (Last, First, Middle Initial)  Mr. W. Spencer Lilly		Date of Receipt
Mailing Address 9306 Copans Glen Lane	7.01	08 29 2014
City Huntersville	State Zip Code NC 28078	Transaction ID : SA11AI.12418  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer  Carolinas HealthCare System  Receipt For: 2014  Primary General  Other (specify) ▼	Occupation ADMIN  Aggregate Year-to-Date ▼  1500.03	Payroll Deduction \$166.67 monthly
SUBTOTAL of Receipts This Page (optional)	<b></b>	500.01
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  Frieda M Lowder  Mailing Address PO Box 5685		Date of Receipt
City	State Zip Code	07 01 2014 Transaction ID : SA11AI.12215
Concord	NC 28027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2014  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	
Full Name (Last, First, Middle Initial)  3. Frieda M Lowder	'	Date of Receipt
Mailing Address PO Box 5685  City	08 01 2014 Transaction ID + SA11AL12287	
Concord	State Zip Code NC 28027	Transaction ID : SA11AI.12287  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2014  Primary	Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial)  Frieda M Lowder	•	Date of Receipt
Mailing Address PO Box 5685		08 29 2014
City Concord	State Zip Code NC 28027	Transaction ID : SA11AI.12425  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2014  Primary	Aggregate Year-to-Date ▼ 750.06	
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	250.02
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL ALITHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  A. Michael J Lutes		Date of Receipt
Mailing Address 4025 Camrose Crossing		07 01 _ 2014 _
City Matthews	State Zip Code NC 28104	Transaction ID : SA11AI.12183  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2014  Primary	Aggregate Year-to-Date ▼  583.38	
Full Name (Last, First, Middle Initial)  3. Michael J Lutes		Date of Receipt
Mailing Address 4025 Camrose Crossing  City	State Zip Code	08 01 2014
Matthews	NC 28104	Transaction ID : SA11AI.12255  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2014  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial)  Michael J Lutes		Date of Receipt
Mailing Address 4025 Camrose Crossing		08 29 2014
City Matthews	State Zip Code NC 28104	Transaction ID : SA11AI.12393  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34 Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payron Deduction \$65.54 Monthly
Receipt For: 2014  Primary	Aggregate Year-to-Date ▼ 750.06	
SUBTOTAL of Receipts This Page (optional)		250.02
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  Steven Boyd Martin  Mailing Address 1904 DeArmon Drive		Date of Receipt
City	State Zip Code	08 29 2014 Transaction ID : SA11AI.12375
Charlotte	NC 28205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer  CarolinasHealthCareSystem  Receipt For: 2014  Primary Seneral	Occupation ADMIN Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)  Mr. James C Olsen  Mailing Address 5900 Summerston Place		Date of Receipt
City Charlotte	State Zip Code NC 28277	07 01 2014  Transaction ID : SA11AI.12193  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.34
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$208.34 monthly
Receipt For: 2014  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.38	
Full Name (Last, First, Middle Initial)  Mr. James C Olsen		Date of Receipt
Mailing Address 5900 Summerston Place		08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.12265  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.34
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$208.34 monthly
Receipt For: 2014  Primary   General  Other (specify)   ■	Aggregate Year-to-Date ▼  1666.72	
SUBTOTAL of Receipts This Page (optional)	<b></b>	441.68
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FOR LINE NUMBER:					PAGE	: 3	31	OF	74
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. James C Olsen Date of Receipt Mailing Address 5900 Summerston Place 2014 29 City Zip Code State Transaction ID: SA11AI.12403 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 208.34 federal political committee. Payroll Deduction \$208.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Joseph G Piemont Date of Receipt Mailing Address 2028 Hopedale Avenue 07 01 2014 City State Zip Code Transaction ID: SA11AI.12168 Charlotte NC 28207 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Payroll Deduction \$400 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 2800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Joseph G Piemont Date of Receipt Mailing Address 2028 Hopedale Avenue M = M 80 01 2014 City Zip Code State Transaction ID: SA11AI.12240 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Payroll Deduction \$400 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 3200.00 1008.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  A. Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		08 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.12378
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	Payroll Deduction \$400 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary K General		
Other (specify) ▼	3600.00	
Full Name (Last, First, Middle Initial)  3. Debra Plousha Moore		Date of Receipt
Mailing Address 6935 Conservatory Lane		07 01 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.12199
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2014  Primary	Aggregate Year-to-Date ▼ 1166.69	
Full Name (Last, First, Middle Initial)  C. Debra Plousha Moore		Date of Receipt
Mailing Address 6935 Conservatory Lane		08 01 2014
City	State Zip Code	Transaction ID : SA11AI.12271
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary   General	Aggrogato Toal-to-Date ▼	
Other (specify) ▼	1333.36	
SUBTOTAL of Receipts This Page (optional)		733.34
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FOR LINE NUMBER:			PAGE	3	33	OF	74		
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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	PITAL AUTHORITY/CAROLINAS HEALTH	
Full Name (Last, First, Middle Initial)  Debra Plousha Moore  Mailing Address 6935 Conservatory Lane	Date of Receipt	
	7.0	08 29 2014
City Charlotte	State Zip Code NC 28210	Transaction ID : SA11AI.12409  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2014  Primary	Aggregate Year-to-Date ▼ 1500.03	
Full Name (Last, First, Middle Initial)  Mr. Roger A Ray  Mailing Address 11029 Lederer Ave		Date of Receipt  07 01 2014
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.12150  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$250 monthly
Receipt For: 2014  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave		08 01 2014 _
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.12222  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  CarolinasHealthCareSystem  Receipt For: 2014  Primary ☐ General  Other (specify) ▼	Occupation ADMIN  Aggregate Year-to-Date ▼  2000.00	Payroll Deduction \$250 monthly
SUBTOTAL of Receipts This Page (optional)		666.67
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FOR LINE NUMBER:			PAGE	3	34	OF	74	
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X 11	а	11b		11c		12		
13	3	14		15		16		17

Full Name (Last, First, Middle Initial)  Mr. Roger A Ray  Mailing Address 11029 Lederer Ave	Date of Receipt  08 29 2014  Transaction ID: SA11Al.12360
City State Zip Code Charlotte NC 28277  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2014  Primary X General Other (specify) ▼  State Zip Code NC 28277  C  Aggregate Year-to-Date  2250.00	Amount of Each Receipt this Period  250.00  Payroll Deduction \$250 monthly
Full Name (Last, First, Middle Initial)  Mr. Craig D. Richardville  Mailing Address 17235 Glassfield Drive  City State Zip Code  Huntersville NC 28078  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2014  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  225.00	Date of Receipt  08 29 2014  Transaction ID : SA11AI.12373  Amount of Each Receipt this Period  25.00  Payroll Deduction \$25 monthly
Full Name (Last, First, Middle Initial)  John Michael Santopietro  Mailing Address 320 Charndon Village Ct  City Charlotte State NC 28211  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem Receipt For: 2014 Primary Other (specify) General Other (specify)  291.69	Date of Receipt  07 01 2014  Transaction ID: SA11AI.12178  Amount of Each Receipt this Period  41.67  Payroll Deduction \$41.67 monthly
SUBTOTAL of Receipts This Page (optional)	316.67

Name of Employer

Primary

CarolinasHealthCareSystem Receipt For: 2014

Other (specify)

General

### ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 35 OF 74 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) John Michael Santopietro Date of Receipt Mailing Address 320 Charndon Village Ct 01 2014 City Zip Code State Transaction ID: SA11AI.12250 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly

Occupation **ADMIN** 

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial) **B.** John Michael Santopietro Date of Receipt Mailing Address 320 Charndon Village Ct 08 29 2014 City State Zip Code Transaction ID: SA11AI.12388 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 375.03 Other (specify)

333.36

Full Name (Last, First, Middle Initial) c. Carnetha M Simmons Date of Receipt Mailing Address 2225 Hawkins Street #235 M M / 80 29 2014 City State Zip Code Transaction ID: SA11AI.12382 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation PHYS CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 225.00

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Detailed Summary Page	13	14	15	16	-

74

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FC	PAGE	3	37	OF	74					
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	X	11a		11b		11c		12		
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC					
Full Name (Last, First, Middle Initial)  A. Mr. Michael C Tarwater		Date of Receipt					
Mailing Address 1414 Biltmore Drive		07 01 2014					
City	State Zip Code	Transaction ID : SA11AI.12156					
Charlotte	NC 28207	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	416.67					
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly					
CarolinasHealthCareSystem	ADMIN						
Receipt For: 2014	Aggregate Year-to-Date ▼						
Primary	2916.69						
Full Name (Last, First, Middle Initial)  3. Mr. Michael C Tarwater		Date of Receipt					
Mailing Address 1414 Biltmore Drive		M M / D D / Y Y Y Y					
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		08 01 2014					
City	State Zip Code	Transaction ID : SA11AI.12228					
Charlotte	NC 28207	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	416.67					
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly					
CarolinasHealthCareSystem	ADMIN						
Receipt For: 2014	Aggregate Year-to-Date ▼	-					
Primary General	Aggregate real to Date V						
Other (specify) ▼	3333.36						
Full Name (Last, First, Middle Initial)  Mr. Michael C Tarwater		Date of Receipt					
Mailing Address 1414 Biltmore Drive		08 29 2014					
City	State Zip Code	Transaction ID : SA11AI.12366					
Charlotte	NC 28207	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	416.67					
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly					
CarolinasHealthCareSystem	ADMIN						
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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC					
Full Name (Last, First, Middle Initial)  A. Alfred P Taylor		Date of Receipt					
Mailing Address 125 Lakeland Circle		08 29 2014					
City							
Mt. Gilead	NC 27306	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer Carolinas HealthCare System	Occupation ADMIN	- Payroll Deduction \$25 monthly					
Receipt For: 2014  Primary General  Other (specify)	Aggregate Year-to-Date ▼  225.00						
Full Name (Last, First, Middle Initial)  Dr. Chris M Teigland  Mailing Address 700 Hungerford Place		Date of Receipt					
City	State Zip Code NC 28207	7 01 2014 Transaction ID : SA11AI.12200					
Charlotte  FEC ID number of contributing federal political committee.	NC 28207	Amount of Each Receipt this Period  200.00					
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$200 monthly					
Receipt For: 2014  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1400.00						
Full Name (Last, First, Middle Initial)  Dr. Chris M Teigland		Date of Receipt					
Mailing Address 700 Hungerford Place		08 01 2014					
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.12272  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer	Occupation	Payroll Deduction \$200 monthly					
CarolinasHealthCareSystem	PHYS						
Receipt For: 2014	Aggregate Year-to-Date ▼						
Primary	1600.00						
SUBTOTAL of Receipts This Page (optional)		425.00					
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FOR LINE NUMBER:						PAGE	-	10	OF	74
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	X	11a		11b		11c		12		
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Dr. Chris M Teigland Date of Receipt Mailing Address 700 Hungerford Place 2014 29 City Zip Code State Transaction ID: SA11AI.12410 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Payroll Deduction \$200 monthly Name of Employer Occupation PHYS CarolinasHealthCareSystem Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 1800.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. David Thomas Date of Receipt Mailing Address 1609 Penderlea Lane 08 29 2014 City State Zip Code Transaction ID: SA11AI.12369 Matthews NC 28105 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 225.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Joan Thomas Date of Receipt Mailing Address 230 Summermore Drive M = M 07 01 2014 City Zip Code State Transaction ID: SA11AI.12173 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation Administrator Carolinas HealthCare System Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 875.00 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

		name and address of any political committee to	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Α.	Full Name (Last, First, Middle Initial) Joan Thomas		Date of Receipt
	Mailing Address 230 Summermore Drive		08 01 2014
	City	State Zip Code	Transaction ID : SA11AI.12245
	Charlotte	NC 28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer	Occupation	Payroll Deduction \$125 monthly
	Carolinas HealthCare System	Administrator	
	Receipt For: 2014 Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Joan Thomas		Date of Receipt
	Mailing Address 230 Summermore Drive		08 29 _ 2014 _
	City	State Zip Code	Transaction ID : SA11AI.12383
	Charlotte	NC 28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	125.00
	Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$125 monthly
	Receipt For: 2014  Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼  1125.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton		Date of Receipt
•	Mailing Address 9526 Greyson Ridge Drive		07 01 2014
	City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.12211  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer	Occupation	Payroll Deduction \$125 monthly
	Carolinas HealthCare System	ADMIN	
	Receipt For: 2014  Primary General  Other (specify)	Aggregate Year-to-Date ▼  875.00	
	Curior (specify)	3.3.50	
s	SUBTOTAL of Receipts This Page (optional)	<u> </u>	375.00
lτ	OTAL This Period (last page this line number	only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	ITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  Ms. Martha J Whitecotton  Mailing Address 9526 Greyson Ridge Drive		Date of Receipt
City	State Zip Code	08 01 2014 Transaction ID : SA11AI.12283
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer  Carolinas HealthCare System  Receipt For: 2014  Primary General	Occupation ADMIN Aggregate Year-to-Date ▼	Payroll Deduction \$125 monthly
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial)  Ms. Martha J Whitecotton  Mailing Address 9526 Greyson Ridge Drive		Date of Receipt  08 29 _2014 _
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.12421  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$125 monthly
Receipt For: 2014  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1125.00	
Full Name (Last, First, Middle Initial)  Mary Ann Wilcox		Date of Receipt
Mailing Address 5314 Wingedfoot Road		07 01 2014
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.12191  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$125 monthly
Receipt For: 2014  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  875.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	375.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  Mary Ann Wilcox  Mailing Address 5044 Wilcox		Date of Receipt
Mailing Address 5314 Wingedfoot Road		08 01 2014
City	State Zip Code	Transaction ID : SA11AI.12263
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$125 monthly
Receipt For: 2014  Primary   General  Other (specify)   ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Mary Ann Wilcox  Mailing Address 5314 Wingedfoot Road		Date of Receipt
City	State Zip Code NC 28226	08 29 2014  Transaction ID : SA11AI.12401
Charlotte  FEC ID number of contributing federal political committee.	NC 28226	Amount of Each Receipt this Period
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$125 monthly
Receipt For: 2014  Primary	Aggregate Year-to-Date ▼  1125.00	
Full Name (Last, First, Middle Initial)  Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		07 01 _ 2014 _
City Kannapolis	State Zip Code NC 28081	Transaction ID : SA11AI.12194  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
CarolinasHealthCareSystem	ADMIN	]
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary	1500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	500.00
TOTAL This Period (last page this line numbe	r only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)  Ms. Phyllis Anne Wingate  Mailing Address 6005 Willowood Road		Date of Receipt
City	State Zip Code	08 01 2014 Transaction ID : SA11AI.12266
Kannapolis	NC 28081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  CarolinasHealthCareSystem  Receipt For: 2014  Primary  General  Other (specify) ▼	Occupation ADMIN  Aggregate Year-to-Date ▼  1750.00	Payroll Deduction \$250 monthly
Full Name (Last, First, Middle Initial)  Ms. Phyllis Anne Wingate  Mailing Address 6005 Willowood Road		Date of Receipt
City Kannapolis	State Zip Code NC 28081	08 29 2014  Transaction ID : SA11AI.12404  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$250 monthly
Receipt For: 2014  Primary	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)  Cachary Zapack		Date of Receipt
Mailing Address 1015 Charlotte Ave #351		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rock Hill	State Zip Code SC 29732	Transaction ID : SA11AI.12146  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Payroll Deduction \$250 monthly
Carolinas HealthCare System  Receipt For: 2014	Administrator	
Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

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Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c 12	
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74

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Zachary Zapack Date of Receipt Mailing Address 1015 Charlotte Ave #351 01 2014 City Zip Code State Transaction ID: SA11AI.12218 SC Rock Hill 29732 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Zachary Zapack Date of Receipt Mailing Address 1015 Charlotte Ave #351 80 29 2014 City State Zip Code Transaction ID: SA11AI.12356 Rock Hill SC 29732 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 2250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 16382.75 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Llea congreto cohodula/a/	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 26  28a 28b 28c 29 30
Any information copied from such Reports and Star or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT	FAL AUTHORITY/CAROLIN	NAS HEALTH(	CARE SYSTEM EMPLOYEES FED PAG
Full Name (Last, First, Middle Initial)			B (B)
A. HAGAN FOR US SENATE INC			Date of Disbursement
Mailing Address PO BOX 29103			09 03 2014
City	State Zip Code		Transaction ID : SB23.12474
GREENSBORO	NC 27429		Transaction ID . 3D23.12474
Purpose of Disbursement campaign contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
KAY R HAGAN		Туре	2000.00
Senate President	rsement For: 2014  Primary		
State: NC District: 00			
Full Name (Last, First, Middle Initial)  HUDSON FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 5053			09 03 2014
City CONCORD	State Zip Code NC 28027		Transaction ID : SB23.12470
Purpose of Disbursement campaign contribution	20021		
Candidate Name		011	Amount of Each Disbursement this Period
RICHARD L. JR. HUDSON		Category/ Type	5000.00
	rsement For: 2014	Турс	
Senate	Primary Seneral		
State: NC District: 08	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
McHenry for Congress			Date of Disbursement
Mailing Address PO BOX 1406			09 03 7 2014
City	State Zip Code		
HICKORY	NC 28601		Transaction ID: SB23.12472
Purpose of Disbursement campaign contribution		011	
Candidate Name			Amount of Each Disbursement this Period
Patrick Timothy McHenry		Category/ Type	5000.00
•	rsement For: 2014 Primary General Other (specify)	J	
State: NC District: 10			
SUBTOTAL of Disbursements This Page (optional	al)	·····•	12500.00
TOTAL This Period (last page this line number of	nly)		

SCHEDULE B (FEC Form 3X)	Llos concreto astradula/-\	FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 26 28a 28b 28c 29 36
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	. AUTHORITY/CAROLINAS	S HEALTHC	CARE SYSTEM EMPLOYEES FED PAG
Full Name (Last, First, Middle Initial)  A. MEADOWS FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 811			09 03 2014
City S	State Zip Code NC 28793		Transaction ID : SB23.12473
Purpose of Disbursement campaign contribution	Г	011	Amount of Each Disbursement this Period
Candidate Name MARK R MEADOWS		Category/ Type	5000.00
Senate President	nent For: 2014  Primary General  Other (specify)		
State: NC District: 11  Full Name (Last, First, Middle Initial)			
3. John Michael Mulvaney			Date of Disbursement
Mailing Address 550 Ralph Hood Road			09 03 2014
Indian Land	State Zip Code SC 29707		Transaction ID : SB23.12596
Purpose of Disbursement CAMPAIGN CONTRIBUTION		011	Amount of Each Disbursement this Period
Candidate Name  John Michael Mulvaney		Category/ Type	5000.00
Office Sought:    House   Disburser	nent For: 2014 Primary		
Full Name (Last, First, Middle Initial)  Pittenger for Congress			Date of Disbursement
Mailing Address PO Box 11207			09 03 7 2014
Charlotte	State Zip Code NC 28220		Transaction ID : SB23.12471
Purpose of Disbursement campaign contribution  Candidate Name		011	Amount of Each Disbursement this Period
ROBERT M. THE HON. PITTENG	ER ment For: 2014	Category/ Type	2500.00
Senate President State: NC District: 09	Primary ☐ General Other (specify) ▼		
I I			
SUBTOTAL of Disbursements This Page (optional)			12500.00

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 48 OF 74
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORITY/CAROLINA	AS HEALTHC	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)			5
A. TEAM GRAHAM INC			Date of Disbursement
Mailing Address PO BOX 1801			09 03 2014
,	tate Zip Code		Transaction ID : SB23.12618
COLUMBIA	SC 29202		11alisaction ib . 3523.12010
Purpose of Disbursement campaign contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
LINDSEY OLIN GRAHAM  Office Sought: House Disbursen	nent For: 2014	Туре	
Senate	Primary		
State: SC District: 00			
Full Name (Last, First, Middle Initial)  B. THOM TILLIS COMMITTEE			Date of Disbursement
Mailing Address PO BOX 2489			09 03 / 2014
CORNELIUS	rtate Zip Code NC 28031		Transaction ID : SB23.12475
Purpose of Disbursement campaign contribution		011	Amount of Each Disbursement this Period
Candidate Name THOM R TILLIS		Category/ Type	2500.00
	ent For: 2014	71	,
President	Primary		
State: NC District: 00 Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M - M / D - D / Y - Y - Y
City	tate Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		
Diotriot.			
SUBTOTAL of Disbursements This Page (optional)		·····	7500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 49 OF 74
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c X 29 30b
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NAME OF COMMITTEE (In Full)			
$ \; angle$ CHARLOTTE-MECKLENBURG HOSPITA	AL AUTHORITY/CAROLIN	NAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Least First Middle Initial)			
Full Name (Last, First, Middle Initial)  A. Alan D Clemmons			Date of Disbursement
Alan D Clemmons			M M / D D / Y Y Y Y
Mailing Address 1800-A North Oak Street			08 13 2014
City Mustle Reach	State Zip Code SC 29577		Transaction ID : SB29.12301
Myrtle Beach Purpose of Disbursement	30 29377		
nonfederal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Alan D Clemmons		Туре	500.00
	ement For: 2014		
Senate President	Primary		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. Beverly Earle Campaign Committee	ee		Date of Disbursement
		M M / D D / Y Y Y Y	
Mailing Address 312 S. Clarkson Street			09 02 2014
City	State Zip Code		Transaction ID : SB29.12555
Charlotte Purpose of Disbursement	NC 28202		
non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Beverly Earle Campaign Committ		Type	2000.00
Office Sought: House Disburs	ement For: 2014		
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Bill Brawley Committee			Date of Disbursement
- Bill Blawley Collinates			M M / D D / Y Y Y Y
Mailing Address 13612 O'Toole Drive			09 02 2014
City	Ctata Zin Coda		
City Matthews	State Zip Code NC 28105		Transaction ID: SB29.12549
Purpose of Disbursement			
non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	3000.00
Bill Brawley Committee		Type	3000.00
Office Sought: House Disburs Senate	ement For: 2014  Primary		
President	Other (specify)		
State: NC District:			
,			
SUBTOTAL of Disbursements This Page (optional)		·····	5500.00
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	ny information copied from such Reports and Statem for commercial purposes, other than using the nam			
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	CHARLOTTE-MECKLENBURG HOSPITAL	. AUTHORITY/CAROLIN	IAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
$\angle$	Full Manne (Lock First Middle In 1915)		<del></del>	
Α.	Full Name (Last, First, Middle Initial)  Brad Hutto			Date of Disbursement
- 11	DIAU MUIIU			M M / D D / Y Y Y Y
	Mailing Address PO Box 1084			08 22 2014
	011			
	City S Orangeburg	State Zip Code SC 29116		Transaction ID : SB29.12335
	Purpose of Disbursement	29110		
	nonfederal contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Brad Hutto		Type	1000.00
		ment For: 2014		
		Primary		
	State: District:	Onler (specify)		
_	Full Name (Last, First, Middle Initial)	_		
В.	Bruce W Bannister			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address PO Box 1828			08 13 2014
	•	State Zip Code		Transaction ID : SB29.12299
	Greenville Purpose of Disbursement	SC 29602		
	nonfederal contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Bruce W Bannister		Type	500.00
		nent For: 2014		
		Primary General		
	President State: District:	Other (specify) ▼		
_	Full Name (Last, First, Middle Initial)			
C.	Bumgardner for NC House			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address P.O. Box 55072			09 02 2014
	City	State Zip Code		
		NC 28055		Transaction ID: SB29.12545
	Purpose of Disbursement			
	non federal contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	2000.00
	Bumgardner for NC House  Office Sought: House Disbursen	ment For: 2014	Туре	2555.00
		Primary Seneral		
		Other (specify) ▼		
	State: District:	· · · · · · · · · · · · · · · · · · ·		
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s	SUBTOTAL of Disbursements This Page (optional)			3500.00
r	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 51 OF 74
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	one)	
			Summary Page	21b	22 23	24 25 26
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	NAME OF COMMITTEE (In Full)					
$ \rangle$	CHARLOTTE-MECKLENBURG HOSPITAL	AUTHO	RITY/CAROLIN	IAS HEALTHO	CARE SYSTEM EM	PLOYEES FED PAC
<u></u>	Full Name (Last, First, Middle Initial)					
A.	Carla Cunningham Campaign Com	mittee			Date of Disburseme	ent
	Mailing Address 6129 Sunbridge Court				09 02	2014
	City	State	Zip Code		Transaction ID . C	P20 42552
	Charlotte	NC	28269		Transaction ID : S	B29.12552
	Purpose of Disbursement non federal contribution			011	Amount of Each Dis	sbursement this Period
	Candidate Name			Category/		2000.00
	Carla Cunningham Campaign Com			Type		2000.00
	Office Sought: House Disbursen					
		Primary Other (spe	General			
	State: District:	Other (spe	ecity) 🔻			
_	Full Name (Last, First, Middle Initial)					
В.					Date of Disburseme	nt
	Mailian Adduses (1999)				M M / D D	/
	Mailing Address 15806 Brookway Drive; Suite 600				09 02	2014
	City S Huntersville	State NC	Zip Code 28078		Transaction ID : S	B29.12559
	Purpose of Disbursement		20070			
	non federal contribution			011	Amount of Each Dis	sbursement this Period
	Candidate Name			Category/		3000.00
	Charles Jeter Committee			Type		3000.00
	Office Sought: House Disbursen Senate					
		Primary Other (spe	General			
	State: District:	Other (opt	<b>5</b> 011y) <b>▼</b>			
_	Full Name (Last, First, Middle Initial)					
C.	Chauncey K Gregory				Date of Disburseme	nt
	Mailian Adduses DOD 1001				M M / D D	7 7 7 7 7 7
	Mailing Address PO Box 1381				08 22	2014
	City	State	Zip Code		Transaction ID : S	B20 123/5
		SC	29721		Transaction iD: 3	DD 23.   204J
	Purpose of Disbursement nonfederal contribution			011		
	Candidate Name				Amount of Each Dis	sbursement this Period
	Chauncey K Gregory			Category/ Type		1000.00
	Office Sought: House Disbursen	nent For:	2014	1,750		
		Primary	✓ General			
	President	Other (spe	ecify) 🔻			
	State: District:					
Γ						2225
s	UBTOTAL of Disbursements This Page (optional)			·····•		6000.00
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Į T	<b>OTAL</b> This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	, ,		
Full Name (Last, First, Middle Initial)			5
A. Chris Whitmire for NC House			Date of Disbursement
Mailing Address 136 Whitmire Farms Drive			09 03 2014
	State Zip Code		Transaction ID : SB29.12571
Brevard Purpose of Disbursement	NC 28712		
non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Chris Whitmire for NC House		Туре	2000.00
Senate	nent For: 2014  Primary General  Other (specify)		
Full Name (Last, First, Middle Initial)			
B. Citizens to Elect Kathy Harrington			Date of Disbursement
Mailing Address 3324 Lincoln Lane			09 02 / 2014
City	State Zip Code		T 12. 0200 1000
Gastonia	NC 28056		Transaction ID: SB29.12534
Purpose of Disbursement non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Citizens to Elect Kathy Harrington		Type	3000.00
Senate	nent For: 2014  Primary General  Other (specify)		
Full Name (Last, First, Middle Initial)  C. Committee to Elect Carl Ford			Date of Disbursement
Mailing Address 320 Ketchie Estate Road			09 02 7 2014
China Grove	State Zip Code NC 28023		Transaction ID : SB29.12602
Purpose of Disbursement nonfederal contribution		011	Amount of Each Disbursement this Period
Candidate Name	Candidate Name		
Committee to Elect Carl Ford		Category/ Type	3000.00
Senate	nent For: 2014  Primary General  Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			8000.00
CODICINE OF DISDUISCINGING THIS I age (optional)		<u> </u>	

S	CHEDULE B (FEC Form 3X)			OB I INE	NUMBER: PAGE 53 OF 74
	EMIZED DISBURSEMENTS	Use separate schedule(s	s)   (	check onl	TOWELL:
• •		for each category of the Detailed Summary Page		21b	22 23 24 25 26
_		Dotailed Cultillary Lage		27	28a 28b 28c 🔀 29 30b
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or	for commercial purposes, other than using the name	ne and address of any poli	tical co	mmittee to	o solicit contributions from such committee.
$  \setminus $	NAME OF COMMITTEE (In Full)	A LITUO DITY ((0 A D O) L			0.4 DE 0.40TEM EMPLOYEES EED DA 0
]/	CHARLOTTE-MECKLENBURG HOSPITAL	. AUTHORITY/CAROLI	NAS I	HEALIH	CARE SYSTEM EMPLOYEES FED PAC
_	Full Name (Last, First, Middle Initial)				Ī
Α.	Committee to Elect Jacqueline Sch	affer			Date of Disbursement
	Committee to Elect dacquemie Com	lanoi			M M / D D / Y Y Y Y
	Mailing Address 12113 Shoal Creek Court				09 03 2014
	,	State Zip Code NC 28277			Transaction ID : SB29.12567
	Charlotte Purpose of Disbursement	NC 28277			_
	non federal contribution			011	Amount of Each Disbursement this Period
	Candidate Name		Ca	itegory/	
	Committee to Elect Jacqueline Sch	affer		Туре	3000.00
	Office Sought: House Disbursen	nent For: 2014			
		Primary General			
		Other (specify) ▼			
_	State: District:				
В.	Full Name (Last, First, Middle Initial)				Date of Disbursement
υ.	Committee to Elect Jeff Tarte				
	Mailing Address 19825 B North Cove Road-Box 114	4			09 03 2014
	5 10020 2 110101 0010 11000 2011 11				
	,	State Zip Code			Transaction ID : SB29.12569
	Cornelius Purpose of Disbursement	NC 28031	1		-
	non federal contribution			011	Amount of Each Disbursement this Period
	Candidate Name		با ا		Amount of Each Biobardement this Feriod
	Committee to Elect Jeff Tarte			tegory/ Type	3000.00
	Office Sought: House Disbursen	nent For: 2014	1		
		Primary Seneral			
		Other (specify) ▼			
_	State: District:				
_	Full Name (Last, First, Middle Initial)				Data of Dishuranesa
C.	Committee to Elect Kelly Alexande	r			Date of Disbursement
	Mailing Address PO BOX 16896				09 24 2014
	ag / taa. 555 T G BGX 10000				
		State Zip Code			Transaction ID : SB29.12621
		NC 28297-6896			7141104041011 10 . 0020.12021
	Purpose of Disbursement nonfederal contribution			011	
	Candidate Name		1		Amount of Each Disbursement this Period
	Committee to Elect Kelly Alexande	r		itegory/ Type	2000.00
		nent For: 2014	1	71 -	
	Senate	Primary General			
		Other (specify) ▼			
_	State: District:				
					2000.00
Ls	UBTOTAL of Disbursements This Page (optional)			······	8000.00
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Any information copied from such Reports and State or for commercial purposes, other than using the nar			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL			
Full Name (Last, First, Middle Initial)			
A. Committee to Elect Ken Goodman	1		Date of Disbursement
Mailing Address 832 Williamsburg Drive			09 03 2014
•	State Zip Code		Transaction ID : SB29.12611
Rockingham	NC 28379		Transaction is . OS25.12011
Purpose of Disbursement nonfederal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Committee to Elect Ken Goodman		Туре	2000.00
Office Sought:  House  Senate  President  State:  Disburse	ment For: 2014 Primary		
- 10			
Full Name (Last, First, Middle Initial)  3. Committee to Elect Larry Pittman			Date of Disbursement
Mailing Address PO Box 6311			09 02 2014
City Concord	State Zip Code NC 28027		Transaction ID : SB29.12561
Purpose of Disbursement non federal contribution	2002:	011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Committee to Elect Larry Pittman		Type	2000.00
Office Sought:  House  Senate  President  State:  Disburse	ment For: 2014 Primary		
Full Name (Last, First, Middle Initial)			
Committee to Elect Linda P. Johns	son		Date of Disbursement
			09 02 2014
Mailing Address 1205 Berkshire Drive			
City Kannapolis	State Zip Code NC 28081		Transaction ID : SB29.12556
City		011	Transaction ID : SB29.12556  Amount of Each Disbursement this Period
City Kannapolis Purpose of Disbursement non federal contributions Candidate Name	NC 28081		Amount of Each Disbursement this Period
City Kannapolis Purpose of Disbursement non federal contributions Candidate Name Committee to Elect Linda P. Johns	NC 28081	011 Category/ Type	
City Kannapolis Purpose of Disbursement non federal contributions  Candidate Name  Committee to Elect Linda P. Johns  Office Sought:  House Senate President	NC 28081	Category/	Amount of Each Disbursement this Period
City Kannapolis Purpose of Disbursement non federal contributions  Candidate Name  Committee to Elect Linda P. Johns  Office Sought:  House Senate	SON ment For: 2014 Primary General	Category/	Amount of Each Disbursement this Period
City Kannapolis Purpose of Disbursement non federal contributions  Candidate Name  Committee to Elect Linda P. Johns  Office Sought:  House Senate President	SON ment For: 2014 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)	Hee concrete selections	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27	one)  22 23 24 25 26  28a 28b 28c X 29 30
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL			
Full Name (Last, First, Middle Initial)			
A. Committee to Elect Michele Presne	ell		Date of Disbursement
Mailing Address 316 Woodstock Drive			09 03 2014
City	State Zip Code		Transaction ID : SB29.12562
Burnsville Purpose of Disbursement	NC 28714		Transaction 15 : 0523:12302
non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name	. 11	Category/	2000.00
Committee to Elect Michele Presne		Туре	2000.00
Office Sought:  House  Senate  President  State:  Disburse	ment For: 2014 Primary		
Full Name (Last, First, Middle Initial)			
B. Committee to Elect Rodney W. Mo	oore		Date of Disbursement
Mailing Address P.O. Box 44107		09 02 2014	
City Charlotte	State Zip Code NC 28215		Transaction ID : SB29.12560
Purpose of Disbursement	20213		
non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Committee to Elect Rodney W. Mo		Туре	2000.00
Office Sought: House Disburser  Senate President  State: District:	ment For: 2014 Primary		
Full Name (Last, First, Middle Initial)			
<ul> <li>Committee to Re-Elect Becky Carr</li> </ul>	Date of Disbursement		
Mailing Address PO BOX 32873		09 02 2014	
City	State 7in Code		
Charlotte	State Zip Code NC 28232		Transaction ID: SB29.12550
Purpose of Disbursement non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name	Candidate Name		
Committee to Re-Elect Becky Car	•	Category/ Type	2000.00
Office Sought: House Disburse Senate President State: District:	ment For: 2014 Primary General Other (specify)		
S.M.S.			
SUBTOTAL of Disbursements This Page (optional)			6000.00
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 56 OF 74
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			Summary Page	21b	22 23 24 25 26 28a 28b 28c <b>x</b> 29 30b
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	NAME OF COMMITTEE (In Full)	ALITUO		IAC LIEA! <del>T</del> !!	CARE CVCTEM EMPLOYEES EED DAG
/	CHARLOTTE-MECKLENBURG HOSPITAL	AUTHO	KII Y/CAROLIN	IAS HEALTH(	JAKE SYSTEM EMPLOYEES FED PAC
<u></u>	Full Name (Last, First, Middle Initial)				
Α.	Creighton B Coleman				Date of Disbursement
	Mailing Address PO Box 1006				08 13 7 2014
	City	State	Zip Code		
	Winnsboro	SC	29180		Transaction ID : SB29.12333
	Purpose of Disbursement nonfederal contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	4000.00
	Creighton B Coleman			Туре	1000.00
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	State: District:	Cirior (Spe	√ <b>∀</b>		
_	Full Name (Last, First, Middle Initial)				
В.	David Curtis Campaign				Date of Disbursement
	Mailing Address P.O. Box 278				09 02 2014
	Denver	State NC	Zip Code 28037		Transaction ID : SB29.12553
	Purpose of Disbursement non federal contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	2000.00
	David Curtis Campaign			Туре	2000.00
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		Primary Other (spe	General		
	State: District:	Culor (spe	,ony) <b>▼</b>		
	Full Name (Last, First, Middle Initial)				
C.	Davis for NC Senate				Date of Disbursement
	Mailing Address 37 Georgia Road				09 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code				
	Franklin NC 28734				Transaction ID : SB29.12557
	Purpose of Disbursement non federal contribution				
				011	Amount of Each Disbursement this Period
	Candidate Name Davis for NC Senate			Category/ Type	2000.00
		nent For:	2014	i ype	, , , , , , , , , , , , , , , , , , , ,
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_	State: District:				
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Mailing Address P.O. Box 1511  City State Zip Code NC 28000  Purpose of Disbursement non federal contribution  Candidate Name  Dean Arp for NC House  Office Sought: House Disbursement For: 2014  President State: District:  Full Name (Last, First, Middle Initial)  B. Deborah Long for House  City State Zip Code Indian Land SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought: House Sc 29707  Purpose of Disbursement nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought: House Disbursement For: 2014  State: District: Transaction ID : SB29.12290  Transaction ID : SB29.12290  Amount of Each Disbursement  Category/ Type  Transaction ID : SB29.12290  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: 2014  State: District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  City State Zip Code  President Disbursement  Date of Disbursement
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from row commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAI  Full Name (Last, First, Middle Initial)  A. Dean Arp for NC House  Mailing Address P.O. Box 1511  City State Zip Code Montoe NC 28000  Purpose of Disbursement non federal contribution  Candidate Name Deborah Long for House  Mailing Address 1115 John Short Road  City State Zip Code Indian Land SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name Deborah Long for House  Mailing Address 1115 John Short Road  City State Zip Code Indian Land SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name Deborah Long for House  Office Sought: House Disbursement For: 2014  Candidate Name Deborah Long for House Disbursement For: 2014  City State Zip Code Indian Land SC 29707  Furpose of Disbursement Primary General Primary Mailing Address 127 West End Street
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAI  Full Name (Last, First, Middle Initial)  A. Dean Arp for NC House  Mailing Address P.O. Box 1511  City State Zip Code NC 28000  Purpose of Disbursement non federal contribution  Candidate Name  Dean Arp for NC House  Office Sought: House State: Disbursement For: 2014  Full Name (Last, First, Middle Initial)  B. Deborah Long for House  Mailing Address 1115 John Short Road  City State Zip Code Indian Land SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought: House Sc 29707  Purpose of Disbursement nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought: House Disbursement For: 2014  Purpose of Disbursement Ithis Period  Category' Type  Office Sought: House Disbursement For: 2014  Purpose of Disbursement Ithis Period  Category' Type  Office Sought: House Disbursement For: 2014  Purpose of Disbursement Ithis Period  Category' Type  Office Sought: House Disbursement For: 2014  President Sc 29707  Purpose of Disbursement Ithis Period  Category' Type  Deborah Long for House  Office Sought: House Disbursement For: 2014  President Sc 29707  Purpose of Disbursement Ithis Period  Category' Type  Deborah Long for House  Office Sought: House Disbursement For: 2014  President Sc 29707  Purpose of Disbursement Ithis Period  Category' Type  Deborah Long for House  Office Sought: House Disbursement For: 2014  President Sc 29707  President Sc
NAME OF COMMITTEE (in Full)  NAME OF COMMITTEE (in Full)  CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PARENT Polition (No. 1997)  Full Name (Last, First, Middle Initial)  A. Dean Arp for NC House  Mailling Address P.O. Box 1511  City Monroe  Dean Arp for NC House  Office Sought:  Full Name (Last, First, Middle Initial)  B. Deborah Long for House  Mailling Address 1115 John Short Road  Candidate Name  Deborah Long for House  Office Sought:  Full Name (Last, First, Middle Initial)  B. Deborah Long for House  Office Sought:  Full Name (Last, First, Middle Initial)  Candidate Name  Deborah Long for House  Office Sought:  Full Name (Last, First, Middle Initial)  B. Deborah Long for House  Office Sought:  Full Name (Last, First, Middle Initial)  Candidate Name  Deborah Long for House  Office Sought:  Full Name (Last, First, Middle Initial)  Candidate Name  Deborah Long for House  Office Sought:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailling Address 127 West End Street  City  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailling Address 127 West End Street  City  Mailling Address 127 West End Street
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAI  Full Name (Last, First, Middle Initial)  A. Dean Arp for NC House  Mailing Address P.O. Box 1511  City State Zip Code NC 28000  Purpose of Disbursement non lederal contribution  Candidate Name Dean Arp for NC House  Office Sought: House Disbursement For: 2014  Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Deborah Long for House  Office Sought: House Sc 29707  Purpose of Disbursement nonfederal contribution  Candidate Name Dean Arp for NC House  Office Sought: House Disbursement For: 2014  Sc 29707  Purpose of Disbursement nonfederal contribution  Candidate Name Deborah Long for House  Office Sought: House Disbursement For: 2014  Sc 29707  Purpose of Disbursement House Disbursement For: 2014  Sc 29707  Purpose of Disbursement Disbursement For: 2014  Sc 29707  Purpose of Disbursement Disbursement For: 2014  Sc 29707  Purpose of Disbursement Disbursement Disbursement For: 2014  Sc 29707  Purpose of Disbursement Di
Full Name (Last, First, Middle Initial)  A. Dean Arp for NC House  Mailing Address P.O. Box 1511  City
A. Dean Arp for NC House    Mailing Address P.O. Box 1511
A. Dean Arp for NC House    Mailing Address P.O. Box 1511
Mailing Address P.O. Box 1511  City State Zip Code NC 28000  Purpose of Disbursement non federal contribution  Candidate Name  Dean Arp for NC House  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  B. Deborah Long for House  City State Zip Code NC 29707  Purpose of Disbursement For: 2014  City State Zip Code NC 29707  Purpose of Disbursement For: 2014  City State Zip Code NC 29707  Purpose of Disbursement Nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought: House Nc 29707  Deborah Long for House  Office Sought: House Nc 29707  Deborah Long for House  Office Sought: House Nc 29707  Deborah Long for House  Office Sought: House Name  Deborah Long for House  Office Sought: House Name  Deborah Long for House  Office Sought: House Name  Deborah Long for House  Office Sought: Nc 2014  State: District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  District: Zip Code Name Name Name Name Name Name Name Nam
City State Zip Code NC 28000  Purpose of Disbursement nonfederal contribution  City Senate Note Sought:
Monroe
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Purpose of Disbursement non federal contribution  Candidate Name  Dean Arp for NC House  Office Sought: House Senate Primary General Other (specify) ▼  B. Deborah Long for House  Mailing Address 1115 John Short Road  City State Zip Code Indian Land SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought: House SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought: House Senate Primary General Other (specify) ▼  Deborah Long for House  Office Sought: House Disbursement For: 2014  Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Deborah Long for House Disbursement For: 2014  Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Deborah Long for House Disbursement For: 2014  Senate Primary General Other (specify) ▼  Date of Disbursement  Date of Disbursement  Date of Disbursement  Mailing Address 127 West End Street
Candidate Name  Dean Arp for NC House  Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial)  B. Deborah Long for House  Mailing Address 1115 John Short Road  City  Deborah Long for House  Mailing Address  Disbursement Primary  General Other (specify)  Type  Other (specify)  Type  Other (specify)  Type  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID: SB29.12290  Amount of Each Disbursement this Period  Category/ Type  Other (specify)  Transaction ID: SB29.12290  Disbursement For: 2014  Primary  General Other (specify)  Transaction ID: SB29.12290  Disbursement this Period  Disbursement For: 2014  Primary  General Other (specify)  Type  Date of Disbursement  Transaction ID: SB29.12290  Disbursement this Period  Disbursement For: 2014  Primary  General Other (specify)  Type  Date of Disbursement
Dean Arp for NC House  Office Sought:
Office Sought:  House
Senate Primary Other (specify)   Full Name (Last, First, Middle Initial)  B. Deborah Long for House  Mailing Address 1115 John Short Road  City State Zip Code SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name Deborah Long for House  Office Sought: House Senate Primary General Other (specify)   Senate Primary General Other (specify)   Date of Disbursement  Transaction ID: SB29.12290  Amount of Each Disbursement this Period Other (specify)   Transaction ID: SB29.12290  Deborah Long for House Office Sought: House Senate Primary General Other (specify)   State: District: District: Date of Disbursement Other (specify)   Mailing Address 127 West End Street  Date of Disbursement   Date
State: District:  Full Name (Last, First, Middle Initial)  B. Deborah Long for House  Mailing Address 1115 John Short Road  City State Zip Code Indian Land SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name Deborah Long for House  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  Other (specify) ▼  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Mailing Address 127 West End Street  Date of Disbursement
Full Name (Last, First, Middle Initial)  B. Deborah Long for House  Mailing Address 1115 John Short Road  City State Zip Code Indian Land SC 29707  Purpose of Disbursement Nonfederal contribution  Candidate Name Deborah Long for House  Office Sought: House Primary General Other (specify) Type  Disbursement For: 2014  Senate Primary General Other (specify) Type  Date of Disbursement  Transaction ID: SB29.12290  Amount of Each Disbursement this Period  Category/ Type  Other (specify) Type  Date of Disbursement  Transaction ID: SB29.12290  Disbursement this Period  Category/ Type  Disbursement Primary General Other (specify) Type  Date of Disbursement Type  Date of Disbursement Type  Date of Disbursement  Date of Disbursement Type  Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement
B. Deborah Long for House    Mailing Address 1115 John Short Road
Mailing Address 1115 John Short Road  City State Zip Code SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name Deborah Long for House  Office Sought: House Disbursement For: 2014  Primary General Primary General Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  State Zip Code  Transaction ID: SB29.12290  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Date of Disbursement  Mailing Address 127 West End Street
Mailing Address 1115 John Short Road  City State Zip Code SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name Deborah Long for House  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C: Francis Greg Delleney  Mailing Address 127 West End Street  Mailing Address 127 West End Street  Ostate: Zip Code State Zip Code State Zip Code  Transaction ID: SB29.12290  Amount of Each Disbursement this Period State Sta
City State Zip Code SC 29707  Purpose of Disbursement nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  City State Zip Code  Transaction ID : SB29.12290  Amount of Each Disbursement this Period  Category/ Type  250.00  Date of Disbursement  Date of Disbursement  M. M. J.
Indian Land  Purpose of Disbursement nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought:  House  Primary  President  Senate  President  State:  District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  State  City  State  Tip Code
Indian Land  Purpose of Disbursement nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought:  House Senate President President State:  District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  City  State  Zin Code
nonfederal contribution  Candidate Name  Deborah Long for House  Office Sought:  House  President State:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  Amount of Each Disbursement this Period  Category/ Type  250.00  Other (specify) ▼  Disbursement For: 2014  Primary General Other (specify) ▼  Date of Disbursement  Mailing Address 127 West End Street
Category/ Deborah Long for House Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  Category/ Type  Category/ Type  Disbursement For: 2014  Primary General Other (specify) ▼  Date of Disbursement  Mailing Address 127 West End Street
Deborah Long for House  Office Sought: House Disbursement For: 2014  Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  City State Zip Code
Senate President Other (specify) ▼  State:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  City  State  Primary General Other (specify)  Date of Disbursement  Mailing Address 127 West End Street  City  State  Zin Code
State: District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  City  State  Other (specify) ▼  Date of Disbursement  Mailing Address 127 West End Street
State: District:  Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  City State Zip Code
Full Name (Last, First, Middle Initial)  C. Francis Greg Delleney  Mailing Address 127 West End Street  City State Zip Code
C. Francis Greg Delleney  Mailing Address 127 West End Street  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 127 West End Street  Mailing Address 127 West End Street  City State Zin Code
City State Zin Code
City State Zip Code
Chester SC 29706
Purpose of Disbursement nonfederal contribution
Candidate Name  Amount of Each Disbursement this Period
Francis Greg Delleney  Category/ Type  500.00
Office Sought: House Disbursement For: 2014
Senate Primary General
President Other (specify) ▼
President Other (specify) ▼ State: District:
State: District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 23 24 25 26 28a 28b 28c × 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITA			
Full Name (Last, First, Middle Initial)			
A. Friends of Joe Sam Queen			Date of Disbursement
Mailing Address 71 Pigeon Street			09 03 2014
City	State Zip Code		Transaction ID : SB29.12563
Waynesville	NC 28786		Transaction ib . 3D25.12303
Purpose of Disbursement non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name Friends of Joe Sam Queen		Category/	2000.00
	ement For: 2014  Primary	Туре	
Full Name (Last, First, Middle Initial)			
B. Friends of Kelly Hastings			Date of Disbursement
Mailing Address P.O. Box 488		09 02 2014	
City Cherryville	State Zip Code NC 28021		Transaction ID : SB29.12539
Purpose of Disbursement non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	0000.00
Friends of Kelly Hastings		Type	2000.00
Office Sought: House Disburse Senate President State: District:	ement For: 2014  Primary General  Other (specify)		
Full Name (Last, First, Middle Initial)  C. Friends of Tim Moore		Date of Disbursement	
Mailing Address 1417 Merrimont Drive			09 03 2014
City Kings Mountain	State Zip Code NC 28086		Transaction ID : SB29.12585
Purpose of Disbursement non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name Friends of Tim Moore		Category/	3000.00
Office Sought: House Disburse Senate President	ement For: 2014  Primary General  Other (specify)	Туре	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····•	7000.00
TOTAL This Period (last page this line number onl	y)		

S	CHEDULE B (FEC Form 3X)	llac e	An and reduct (1)	FOR LINE N	NUMBER: PAGE 59 OF 74
IT	EMIZED DISBURSEMENTS		te schedule(s) tegory of the	(check only	
			mmary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 3
	ny information copied from such Reports and Staten	ente may not	t he sold or use		
	for commercial purposes, other than using the nam				
$\setminus$	NAME OF COMMITTEE (In Full)				
angle	CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORIT	TY/CAROLINA	AS HEALTHC	CARE SYSTEM EMPLOYEES FED PAG
$\angle$	Full Name (Last, First, Middle Initial)				
Α.	•				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 232 Louise Drive				09 02 2014
	City	State 2	Zip Code		
	Stanley		28164		Transaction ID : SB29.12546
	Purpose of Disbursement				
	non federal contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	2000.00
	Friends to Elect John Torbett  Office Sought: House Disbursen	nent For: 20°	1.4	Туре	, , ,
	Senate	Primary	General		
	President	Other (specify			
	State: District:				
_	Full Name (Last, First, Middle Initial)				
В.	G. Murrell Smith				Date of Disbursement
	Mailing Address PO Box 580				08 13 2014
	Maining Address 1 O Box 300				10 2014
	•		Zip Code		Transaction ID : SB29.12303
	Sumter Purpose of Disbursement	SC	29150		
	nonfederal contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	
	G. Murrell Smith			Type	500.00
		nent For: 20			
			General		
	State: District:	Other (specify	<b>(</b> ) ▼		
_	Full Name (Last, First, Middle Initial)				
C.	Gary Simrill for House				Date of Disbursement
				M M / D D / Y Y Y Y	
	Mailing Address 1515 Alexander Road				08 13 2014
	City State Zip Code				
	Rock Hill SC 29732				Transaction ID : SB29.12289
	Purpose of Disbursement				
				011	Amount of Each Disbursement this Period
				Category/ Type	500.00
	•	nent For: 20°	<u> </u> 14	Туре	
		Primary	X General		
	President	Other (specify	<u>√)</u> ▼		
	State: District:				
					2000.00
LS	SUBTOTAL of Disbursements This Page (optional)			······	3000.00
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S	CHEDULE B (FEC Form 3X)			FOR LINE N	OR LINE NUMBER: PAGE 60 OF 74			
ΙT	EMIZED DISBURSEMENTS	Use separate sched for each category of		(s) (check only one)				
		Detailed Summary F		21b 27	22 23 24 25 26 28a 28b 28c X 29 30b			
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or	ly information copied from such Reports and Staten for commercial purposes, other than using the nam	ne and address of any	political	committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)							
$ \rangle$	CHARLOTTE-MECKLENBURG HOSPITAL	. AUTHORITY/CAR	OLINA	S HEALTHC	CARE SYSTEM EMPLOYEES FED PAC			
$\angle$	Full Name (Last First Middle Initial)			i				
Α.	Full Name (Last, First, Middle Initial)  Gerald Malloy				Date of Disbursement			
					M M / D D / Y Y Y Y			
	Mailing Address PO Box 1200				08 22 2014			
	City	State Zip Code						
	City S Hartsville	SC 29551			Transaction ID: SB29.12337			
	Purpose of Disbursement							
	nonfederal contribution			011	Amount of Each Disbursement this Period			
	Candidate Name			Category/	1000.00			
	Gerald Malloy  Office Sought: House Disbursen	nent For: 2014		Туре	1000.00			
		Primary X Gen	eral					
		Other (specify) ▼						
_	State: District:							
_	Full Name (Last, First, Middle Initial)							
B.	Gilda Cobb-Hunter				Date of Disbursement			
	Mailing Address PO Box 2263				08 13 2014			
	Maining Address PO BOX 2203				00 13 2014			
		State Zip Code			Transaction ID : SB29.12321			
	Orangeburg Purpose of Disbursement	SC 29116-22	263					
	nonfederal contribution			011	Amount of Each Disbursement this Period			
	Candidate Name		L		5. 235 2.554.5511611. 4115 1 01104			
	Gilda Cobb-Hunter			Category/ Type	500.00			
		nent For: 2014	- 1					
		Primary Gen	eral					
	President State: District:	Other (specify) ▼						
_	Full Name (Last, First, Middle Initial)							
C.	Hartsell - State Senator Committee	<b>.</b>			Date of Disbursement			
		•			M M / D D / Y Y Y Y			
	Mailing Address PO BOX 1709				09 02 2014			
	City State Zip Code							
		NC 28206-17			Transaction ID : SB29.12558			
	Purpose of Disbursement							
	non federal contributions			011	Amount of Each Disbursement this Period			
	Candidate Name			Category/	4000.00			
	Hartsell - State Senator Committee  Office Sought: House Disbursen	ent For: 2014		Туре				
		Primary X Gen	eral					
		Other (specify) ▼						
	State: District:	· · · · · · · · ·						
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s	UBTOTAL of Disbursements This Page (optional)				5500.00			
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1 T	<b>OTAL</b> This Period (last page this line number only)							

S	CHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER: PAGE 61 OF 74
IT	EMIZED DISBURSEMENTS	Use separate s for each categor		(check only	one)
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	y information copied from such Reports and Statem for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full)				
$ \rangle$	CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORITY/0	CAROLINA	S HEALTHC	ARE SYSTEM EMPLOYEES FED PAC
$\angle$	Full Name (Last, First, Middle Initial)				
A.	Harvey Peeler				Date of Disbursement
					M = M / D = D / Y = Y = Y
	Mailing Address PO Box 742				08 22 2014
	City	State Zip (	Code		
	Gaffney	SC 2934			Transaction ID : SB29.12341
	Purpose of Disbursement nonfederal contribution			011	Amount of Each Disbursement this Period
	Candidate Name		L		, and an earl bissurscribent this I enou
	Harvey Peeler			Category/ Type	1000.00
	Office Sought: House Disbursen	nent For: 2014	_		
		,	General		
	State: District:	Other (specify)	7		
_	Full Name (Last, First, Middle Initial)				
В.	Horn for NC House Committee				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 2100 Dilworth Road East				09 03 2014
	,	state Zip ( NC 2820			Transaction ID : SB29.12577
	Charlotte Purpose of Disbursement	NC 2820	J3		
	non federal contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	2000.00
	Horn for NC House Committee  Office Sought: House Disbursen	ont For: 004:		Туре	2000.00
		nent For: 2014 Primary	General		
		Other (specify)			
_	State: District:				
_	Full Name (Last, First, Middle Initial)				
C.	Hugh K Leatherman				Date of Disbursement
	Mailing Address 1817 Pineland Drive				08 22 2014
	Maining / Mail Coo To 17 Fille Iail a Dilve				2017
	City State Zip Code				Transaction ID : SB29.12347
	Florence SC 29501 Purpose of Disbursement				
	nonfederal contibution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	
	Hugh K Leatherman			Type	1000.00
		nent For: 2014	Concret		
		Primary X Other (specify) <b>T</b>	General		
	State: District:	Carior (opcomy)	<b>,</b>		
Г	I				
s	UBTOTAL of Disbursements This Page (optional)			·····	4000.00
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SCHEDUL	E B (FEC Form 3X)	Hee comments of the day of	-\ I	LINE NUMBER: PAGE 62 OF 74			
ITEMIZED	DISBURSEMENTS	Use separate schedule(s for each category of the	(orlook orliny				
		Detailed Summary Page		22 23 24 25 26 28a 28b 28c X 29 30b			
Any information	conied from such Renorts and States	ments may not be sold or :		on for the purpose of soliciting contributions			
				o solicit contributions from such committee.			
NAME OF C	COMMITTEE (In Full)						
$ \; angle$ CHARLOT	TE-MECKLENBURG HOSPITAI	L AUTHORITY/CAROLI	NAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC			
Full Name (	act First Middle Initial		-				
	Last, First, Middle Initial)  Rutherford			Date of Disbursement			
J. 10uu	I VUILIGITOTU			M M / D D / Y Y Y Y			
Mailing Addr	ess 2321 Lincoln Street			08 13 2014			
0::		01-1-					
City Columbia		State Zip Code SC 29201		Transaction ID : SB29.12317			
	Disbursement	29201					
nonfederal			011	Amount of Each Disbursement this Period			
Candidate N			Category/	500.00			
	Rutherford		Type	500.00			
Office Sough		ment For: 2014					
	Senate President	Primary General  Other (specify)					
State:	District:	Other (Specify)					
	Last, First, Middle Initial)						
B. Jackie E	· · · · · · · · · · · · · · · · · · ·			Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Addr	Mailing Address 240 Bermuda Road			08 13 2014			
City		State Zip Code		Transaction ID : SB29.12329			
Dillon Purpose of [	Disbursement	SC 29536					
nonfederal			011	Amount of Each Disbursement this Period			
Candidate N			Category/	200.01			
Jackie E			Type	250.00			
Office Sough		ment For: 2014					
	Senate President	Primary General					
State:	District:	Other (specify) ▼					
	Last, First, Middle Initial)						
C. James E	•			Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Addr	Mailing Address PO Box 50333			08 13 2014			
City	City State Zip Code						
Columbia				Transaction ID : SB29.12319			
Purpose of I	Purpose of Disbursement						
	nonfederal contribution 011			Amount of Each Disbursement this Period			
	Candidate Name  James E Smith			500.00			
Office Sough		ment For: 2014	Туре				
Cinico Godgi	Senate	Primary General					
	President	Other (specify)					
State:	District:						
	'						
SUBTOTAL of	Disbursements This Page (optional)		·····	1250.00			
TOTAL This P	eriod (last page this line number only	)					

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SCHEDULE B (FEC Form 3X)		114	FOR LINE I	NUMBER:		PAGE 63	OF 74
ITEMIZED DISBURSEMENTS	Use separate sche for each category		(check only				
	Detailed Summary		21b 27	22 28a	. Ш	24 25 28c X 29	26 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORITY/CA	AROLINA	S HEALTHC	ARE SYST	EM EMP	LOYEES F	ED PAC
Full Name (Last, First, Middle Initial)							
A. James H Lucas				Date of Di	sbursement	Y Y Y Y	Y
Mailing Address PO Drawer 1408				08	13	2014	
,	state Zip Co	de		Transact	ion ID : SB	20 12207	
· iaite · iiie	SC 29550			Transact	. 00.	LJ.12237	
Purpose of Disbursement nonfederal contribution			011	Amount of	Each Disbu	ursement this	Period
Candidate Name			Category/			5(	00.00
James H Lucas			Туре		7	,	30.00
Senate President	nent For: 2014  Primary Go  Other (specify)	eneral					
State: District:							
Full Name (Last, First, Middle Initial)				Data of Di	ah. waa maant		
B. Jason Saine Committee					sbursement		
Mailing Address 7465 Bluff Point Lane				09	03	2014	Y
,	State Zip Co- NC 28037			Transact	ion ID : SB	29.12564	
Purpose of Disbursement non federal contribution			011	Amount of	Each Disbu	ursement this	s Period
Candidate Name			Category/				
Jason Saine Committee			Type		,	20	00.00
Senate	nent For: 2014  Primary	eneral					
Full Name (Last, First, Middle Initial)  C. Jeff Jackson for NC Senate				Date of Di	sbursement		
Mailing Address 2519 Cranbrook Lane				09 /	02	2014	Y
City	State Zip Co	de		_			
Charlotte	NC 28207	•		Transact	ion ID : SB	29.12604	
Purpose of Disbursement	Purpose of Disbursement						
non federal contribution			011	Amount of	Each Disbu	ursement this	Period
Candidate Name			Category/			200	00.00
Jeff Jackson for NC Senate  Office Sought: House Disbursem	nent For: 2014		Туре		7	1	
Senate President		eneral					
State: District:							
SUBTOTAL of Disbursements This Page (optional)			············•		,	450	00.00
TOTAL This Period (last page this line number only).						4	

SCHEDULE B (FEC Form 3X)	Harasanah I. I. (1)	FOR LINE I	NUMBER: PAGE 64 OF 74
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Staten	nents may not be sold or us		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
$ \; angle$ CHARLOTTE-MECKLENBURG HOSPITAL	. AUTHORITY/CAROLIN	AS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
V File Name (Local Files Mills 1999)		-	
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Jeffrey Elmore for NC House			M M / D D / Y Y Y Y
Mailing Address PO BOX 522			09 03 2014
,	State Zip Code		Transaction ID : SB29.12580
North Wilkesboro Purpose of Disbursement	NC 28659		
non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Jeffrey Elmore for NC House		Category/ Type	2000.00
	nent For: 2014		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)  B. John R King			Date of Disbursement
John R King			M M / D D / Y Y Y Y
Mailing Address PO Box 11555			08 13 _ 2014 _
	State Zip Code		Transaction ID : SB29.12325
Rock Hill Purpose of Disbursement	SC 29731		
nonfederal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
John R King		Type	500.00
	nent For: 2014		
	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Joyce Waddell Senate 40 Campaig	n Committee		Date of Disbursement
	M M / D D / Y Y Y Y		
Mailing Address 1928 Bonnie Lane			09 03 2014
City.			
	State Zip Code NC 28213		Transaction ID: SB29.12607
Charlottte NC 28213 Purpose of Disbursement			
nonfederal contribution 011			Amount of Each Disbursement this Period
Candidate Name	Candidate Name Cat		
Joyce Waddell Senate 40 Campai		Type	1000.00
	nent For: 2014		
Senate   President	Primary		
State: District:	Other (specify)		
Diotriot.			
SUBTOTAL of Disbursements This Page (optional)			3500.00
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Stat or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITA			
Full Name (Last, First, Middle Initial)			Data of Dishuranment
A. Justin Burr for NC House			Date of Disbursement
Mailing Address P.O. BOX 1966			09 03 2014
City	State Zip Code		Transaction ID : SB29.12574
Albermarle Purpose of Disbursement	NC 28002		Transaction 15 : 0520:12014
non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Justin Burr for NC House		Type	3000.00
Office Sought: House Senate President State: District:	ement For: 2014  Primary General  Other (specify)		
Full Name (Last, First, Middle Initial)			
B. Ken Waddell for North Carolina F	louse		Date of Disbursement
Mailing Address Co. (E.C.)		09 03 2014	
Mailing Address 9247 Silver Spoon Road	Mailing Address 9247 Silver Spoon Road		
City	State Zip Code		Transaction ID : SB29.12565
Clarkton	NC 28433		Transaction 15 1 5525112555
Purpose of Disbursement non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name			
Ken Waddell for North Carolina H	louse	Category/ Type	2000.00
Office Sought: House Disburs Senate President State: District:	ement For: 2014  Primary General  Other (specify)		
Full Name (Last, First, Middle Initial)			
C. Laurie S Funderburk			Date of Disbursement
Mailing Address 1804 Broad Street			08 13 2014
City	State Zip Code		
Camden	SC 29020		Transaction ID: SB29.12323
Purpose of Disbursement			
nonfederal contribution		011	Amount of Each Disbursement this Period
Candidate Name Laurie S Funderburk		Category/ Type	500.00
	sement For: 2014	туре	
Senate	Primary Seneral		
President	Other (specify) ▼		
State: District:			
			5500.00
SUBTOTAL of Disbursements This Page (optional	)	·····	5500.00
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	CHEDULE B (FEC Form 3X)	Llea constata achadula(-)	FOR LINE NUMBER: PAGE 66 OF 74			
ITI	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 23 24 25 26 28a 28b 28c X 29 30b		
	y information copied from such Reports and Statem for commercial purposes, other than using the nam		ed by any perso	on for the purpose of soliciting contributions		
$\rangle$	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORITY/CAROLIN	IAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC		
_	Full Name (Last, First, Middle Initial)			D		
Α.	Leo Daughtry for NC House  Mailing Address PO BOX 1960			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Smithfield	State Zip Code NC 27577		Transaction ID: SB29.12622		
	Purpose of Disbursement nonfederal contribution		011	Amount of Each Disbursement this Period		
	Candidate Name		Category/	500.00		
	Leo Daughtry for NC House	. =	Туре	300.00		
	Senate	nent For: 2014  Primary				
_	Full Name (Last, First, Middle Initial)					
В.	Leon Howard			Date of Disbursement		
	Mailing Address 2425 Barharnville Road			08 13 2014		
	Columbia	State Zip Code SC 29204		Transaction ID : SB29.12315		
	Purpose of Disbursement nonfederal contribution		011	Amount of Each Disbursement this Period		
	Candidate Name Leon Howard		Category/ Type	500.00		
	Senate	nent For: 2014 Primary				
<u> </u>	Full Name (Last, First, Middle Initial)  Mandy P Norrell			Date of Disbursement		
	Mailing Address PO Box 994		08 13 2014			
	City State Zip Code Lancaster SC 29721			Transaction ID : SB29.12327		
	Purpose of Disbursement nonfederal contribbution	011	Amount of Each Disbursement this Period			
	Candidate Name  Mandy P Norrell	Category/ Type	250.00			
	Office Sought: House Disbursen Senate President	nent For: 2014  Primary General  Other (specify)	,,			
	State: District:					
H	UBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only)			1250.00		

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 67 OF 74		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
		Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b	
Δr	ry information copied from such Reports and Statem	nents may not be sold or i			
or	for commercial purposes, other than using the nam	ne and address of any polit	ical committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	CHARLOTTE-MECKLENBURG HOSPITAL	. AUTHORITY/CAROLI	NAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC	
$\angle$	Full Name (Last, First, Middle Initial)		-		
Α.	Michael A Anthony			Date of Disbursement	
				M M / D D / Y Y Y Y	
	Mailing Address 322 Mt Vernon Road			08 13 2014	
	City S	State Zip Code			
	Union	SC 29379		Transaction ID : SB29.12331	
	Purpose of Disbursement				
	nonfederal contribution		011	Amount of Each Disbursement this Period	
	Candidate Name		Category/	250.00	
	Michael A Anthony  Office Sought: House Disbursen	nent For: 2014	Туре		
		Primary Seneral			
	President	Other (specify) ▼			
_	State: District:				
P	Full Name (Last, First, Middle Initial)			Data of Diaburcament	
D.	Nikki G. Setzler		Date of Disbursement		
	Mailing Address PO Box 6036			08 13 _ 2014 _	
	•	State Zip Code		Transaction ID : SB29.12295	
	West Columbia Purpose of Disbursement	SC 29171			
	nonfederal contribution		011	Amount of Each Disbursement this Period	
	Candidate Name		Category/	4000.00	
	Nikki G. Setzler		Туре	1000.00	
		nent For: 2014			
		Primary General Other (specify) ▼			
	State: District:	(opoony) ▼			
_	Full Name (Last, First, Middle Initial)				
C.	Nikki Haley for Governor			Date of Disbursement	
	<u> </u>			M M / D D / Y Y Y Y	
	Mailing Address PO BOX 1773			09 03 2014	
	City	State Zip Code		Transaction ID - CD20 42042	
	Columbia	SC 29202		Transaction ID: SB29.12613	
	Purpose of Disbursement non federal contribution 011				
	Candidate Name			Amount of Each Disbursement this Period	
	Nikki Haley for Governor		Category/ Type	2500.00	
	•	nent For: 2014			
		Primary General			
		Other (specify) ▼			
	State: District:				
١,	UBTOTAL of Disbursements This Page (optional)			3750.00	
Ľ	OBTOTAL OF DISBURSCHICKS THIS Tage (Optional)				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 23 24 25 26 26 28c X 29 30		
Any information copied from such Reports and Star or for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITA					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Phil Berger Committee	Phil Berger Committee				
Mailing Address P.O. Box 1309		09 02 2014			
City	State Zip Code		Transaction ID : SB29.12548		
Eden Purpose of Disbursement	NC 27289		Transaction 15 : 6525.12646		
non federal contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	2000.00		
PHILIP E. BERGER CAMPAIGN		Туре	2000.00		
Office Sought: House Disburs Senate President State: District:	ement For: 2014 Primary				
Full Name (Last, First, Middle Initial)					
B. Ralph Hise for NC Senate			Date of Disbursement		
Mailing Address P.O. Box 86		09 03 2014			
City	State Zip Code		Transaction ID : SB29.12573		
Spruce Pine Purpose of Disbursement	NC 28777				
non federal contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	2002.22		
Ralph Hise for NC Senate		Type	3000.00		
Office Sought: House Senate President State: District:	ement For: 2014  Primary				
Full Name (Last, First, Middle Initial)  Ralph Norman			Date of Disbursement		
Mailing Address PO Box 36518			08 13 2014		
City Rock Hill	State Zip Code SC 29732		Transaction ID : SB29.12311		
Purpose of Disbursement nonfederal contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	Amount of Lacif Dispulsement this Period		
Ralph Norman		Type	500.00		
Office Sought: House Senate President State: District:	ement For: 2014 Primary				
SUBTOTAL of Disbursements This Page (optional	)		5500.00		
TOTAL This Daried (lost nows this line must be a	lw)				
TOTAL This Period (last page this line number on	ıy <i>)</i>				

S	CHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 69 OF 74
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)
		Detailed Summary Page		22 23 24 25 26 28a 28b 28c X 29 30b
Δr	y information copied from such Reports and Staten	nonte may not be cold or i		
	for commercial purposes, other than using the nam			
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORITY/CAROLI	NAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
$\angle$	Full Name (Last, First, Middle Initial)		-	
Α.	Randleman Senate Campaign			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 487 Triple Cove Drive			09 03 2014
	City S	State Zip Code		
	Wilkesboro	NC 28697-7493		Transaction ID : SB29.12582
	Purpose of Disbursement			
	non federal contribution		011	Amount of Each Disbursement this Period
	Candidate Name  Pandloman Sonato Campaign		Category/	2000.00
	Randleman Senate Campaign  Office Sought: House Disbursen	ment For: 2014	Туре	
		Primary General		
	President	Other (specify) ▼		
_	State: District:			
P	Full Name (Last, First, Middle Initial)			Date of Dighuresment
D.	Regina R Felder		Date of Disbursement	
	Mailing Address 116 Mary Mack Lane			08 13 _ 2014 _
		State Zip Code		Transaction ID : SB29.12313
	Fort Mill Purpose of Disbursement	SC 29715		
	nonfederal contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	250.00
	Regina R Felder		Туре	250.00
		nent For: 2014		
		Primary		
	State: District:	- · · · (- J/   \  \		
	Full Name (Last, First, Middle Initial)			
C.	Rob Bryan			Date of Disbursement
	Moiling Address 0047 Decadfield Dd			M M / D D / Y Y Y Y Y
	Mailing Address 3517 Broadfield Rd			09 03 2014
	City	State Zip Code		Transaction ID - SD20 42566
	Charlotte	NC 28226		Transaction ID: SB29.12566
	Purpose of Disbursement non federal contribution 011			
	Candidate Name			Amount of Each Disbursement this Period
	Rob Bryan		Category/ Type	3000.00
	•	ment For: 2014		
		Primary General		
		Other (specify) ▼		
	State: District:			
,	UBTOTAL of Disbursements This Page (optional)			5250.00
$\vdash$	ODITAL OF DISDUISEMENTS THIS FAGE (OPHOHAI)		·····	
1	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3X)	Llee	oto pobodila(s)	FOR LINE N	
IT	EMIZED DISBURSEMENTS	for each ca	ate schedule(s) ategory of the	(check only 21b	one) 22 23 24 25 26
		Detailed Si	ummary Page	27	28a 28b 28c X 29 30
	y information copied from such Reports and Staten				n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and addre	ss of any politica	al committee to	solicit contributions from such committee.
$ \rangle$	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORI	TY/CAROLINA	AS HEALTHC	ARE SYSTEM EMPLOYEES FED PAC
_	Full Name (Last, First, Middle Initial)				5
A.	Robert Rucho Committee				Date of Disbursement
	Mailing Address 305 Trafalgar Place				09 03 2014
	City		Zip Code		Transaction ID : SB29.12570
	Matthews Purpose of Disbursement	NC	28105		Transaction ID . 3529.12370
	non federal contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	2000.00
	Robert Rucho Committee			Type	3000.00
	Office Sought: House Disbursen Senate President State: District:	nent For: 20 Primary Other (specif	<b>X</b> General		
_	Full Name (Last, First, Middle Initial)				
В.	- Robert W Hayes				Date of Disbursement
	Mailing Address 1486 Cureton Drive				08 22 2014
	City S Rock Hill Purpose of Disbursement	State SC	Zip Code 29732		Transaction ID : SB29.12349
	nonfederal contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	1000.00
	Robert W Hayes  Office Sought: House Disbursen	ant Fore or		Туре	1000.00
	Senate	nent For: 20 Primary Other (specif	General Control		
_	Full Name (Last, First, Middle Initial)				B ( (B))
C.	Roger West Campaign				Date of Disbursement
	Mailing Address PO BOX 661				09 02 7 2014
	Murphy	State NC	Zip Code 28906		Transaction ID : SB29.12536
	Purpose of Disbursement non federal contribution			011	
	Candidate Name			011	Amount of Each Disbursement this Period
	Roger West Campaign			Category/ Type	2000.00
		nent For: 20	14	715-5	
	Senate	Primary	X General		
	President	Other (specif	iy) ▼		
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional)			······•	6000.00
Т	OTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Llee constate cohedula(a)	FOR LINE NUMBER: PAGE 71 OF 74		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b	one) 22 23 24 25 26	
	Detailed Summary Page	27	28a 28b 28c X 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
CHARLOTTE-MECKLENBURG HOSPITA	L AUTHORITY/CAROLIN	IAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Sarah Stevens for House			M M / D D / Y Y Y Y	
Mailing Address PO Box 667			09 03 2014	
City	State Zip Code		Transaction ID : SB29.12581	
Mount Airy Purpose of Disbursement	NC 27030		Transaction is 1 essential	
non federal contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	2000.00	
Sarah Stevens for House	_	Туре	2000.00	
Office Sought: House Disburse Senate	ement For: 2014  Primary			
President	Primary			
State: District:	Suiter (openity)			
Full Name (Last, First, Middle Initial)				
B. Shane R Martin			Date of Disbursement	
Mailing Address 2741 Glenn Springs Road	Mailing Address 2741 Glenn Springs Road			
City Spartanburg	State Zip Code SC 29302		Transaction ID : SB29.12351	
Purpose of Disbursement nonfederal contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		
Shane R Martin		Type	500.00	
	ement For: 2014			
Senate President	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
Sheheen for South Carolina			Date of Disbursement	
Mailing Address PO BOX 279			09 03 2014	
City	State Zip Code		T (1 ID 0000 10015	
	SC 29021		Transaction ID : SB29.12615	
Camden	20021			
Purpose of Disbursement nonfederal contribution	25021	011		
Purpose of Disbursement nonfederal contribution	25021	011	Amount of Each Disbursement this Period	
Purpose of Disbursement nonfederal contribution  Candidate Name	25021	Category/	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement nonfederal contribution  Candidate Name  Sheheen for South Carolina	ement For: 2014			
Purpose of Disbursement nonfederal contribution  Candidate Name  Sheheen for South Carolina		Category/		
Purpose of Disbursement nonfederal contribution  Candidate Name  Sheheen for South Carolina  Office Sought:  House Senate President	ement For: 2014	Category/		
Purpose of Disbursement nonfederal contribution  Candidate Name  Sheheen for South Carolina  Office Sought:  House Senate  Disburse	ement For: 2014  Primary X General	Category/		
Purpose of Disbursement nonfederal contribution  Candidate Name  Sheheen for South Carolina  Office Sought:  House Senate President	ement For: 2014  Primary	Category/ Type		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one)  22 23 24 25 26  28a 28b 28c X 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORITY/CAROLINA	S HEALTHC	ARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)			
A. The Committee to Elect Garland Pi	erce		Date of Disbursement
Mailing Address 21981 Buie Street			09 03 2014
,	State Zip Code		Transaction ID : SB29.12609
1149.4	NC 28396		Transaction ID : 5629.12609
Purpose of Disbursement non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
The Committee to Elect Garland Pic		Type	2000.00
Senate	nent For: 2014  Primary General  Other (specify)		
Full Name (Last, First, Middle Initial)			
The Joel Ford Committee			Date of Disbursement
Mailing Address P.O. Box 36391			09 03 2014
•	State Zip Code NC 28236		Transaction ID : SB29.12568
Purpose of Disbursement non federal contribution	1 23200	011	Amount of Each Disbursement this Period
Candidate Name	l.		Amount of Each Disbursement this Feriod
The Joel Ford Committee		Category/ Type	2000.00
Senate	nent For: 2014  Primary		
Full Name (Last, First, Middle Initial)  Thomas C Alexander			Date of Disbursement
Mailing Address 150 Cleveland Drive		08 22 2014	
Walhalla	State Zip Code SC 29691		Transaction ID : SB29.12339
Purpose of Disbursement nonfederal contribution	1	011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Thomas C Alexander		Type	1000.00
Senate President	nent For: 2014  Primary		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····	5000.00

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 73 OF 74
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	
			Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
	ny information copied from such Reports and Staten	l nente mav	not be sold or us		
	for commercial purposes, other than using the nam				
$\setminus$	NAME OF COMMITTEE (In Full)				
$ \rangle$	CHARLOTTE-MECKLENBURG HOSPITAL	AUTHO	RITY/CAROLIN	AS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
$\angle$	Full Name (Last, First, Middle Initial)				
Α.	,				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address PO Box 11091				08 13 2014
	City	State	Zip Code		
	Rock Hill	SC	21p Code 29731		Transaction ID : SB29.12309
	Purpose of Disbursement				
	nonfederal contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	500.00
	Thomas E Pope Office Sought: House Disbursen	nent For:	2014	Туре	333.00
		Primary	General		
		Other (spe			
	State: District:				
_	Full Name (Last, First, Middle Initial)				
В.	· Tommy Tucker for NC Senate				Date of Disbursement
	Mailing Address 1206 Rosehill Drive				09 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	1200 RUSEIIII DIIVE	00 00 2014			
		State	Zip Code		Transaction ID : SB29.12579
	Waxhaw Purpose of Disbursement	NC	28173		
	Purpose of Disbursement non federal contribution			011	Amount of Each Disbursement this Period
	Candidate Name				S. Zasi Bissarssinon (ino i silou
	Tommy Tucker for NC Senate			Category/ Type	3000.00
	Office Sought: House Disbursen				
		Primary	General		
	President State: District:	Other (spe	ecity) 🔻		
_	Full Name (Last, First, Middle Initial)				
C.	Tricia Cotham Committee			Date of Disbursement	
	Theia Cothain Committee			M M / D D / Y Y Y Y	
	Mailing Address 107 Sardis Grove Lane				09 02 2014
	City	State	Zip Code		
		NC	28105		Transaction ID : SB29.12551
	Purpose of Disbursement				
				011	Amount of Each Disbursement this Period
				Category/	2000.00
		nent For:	2014	Туре	7 7 7
		Primary	General		
		Other (spe			
	State: District:				
Г	'			I	
s	SUBTOTAL of Disbursements This Page (optional)				5500.00
L					
1 T	<b>OTAL</b> This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 74 OF 74
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORITY/CAROLINA	S HEALTHC	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)			
A. Warren Daniel for NC Senate			Date of Disbursement
Mailing Address 309 West Union Street			09 02 2014
,	State Zip Code		Transaction ID : SB29.12554
e.ga.ne	NC 28680		Transaction id . 3B29.12334
Purpose of Disbursement non federal contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Warren Daniel for NC Senate		Туре	2000.00
Senate	nent For: 2014  Primary		
Full Name (Last, First, Middle Initial)  William H O'Dell			Date of Disbursement
Mailing Address PO Box 540			08 22 2014
,	State Zip Code SC 29692		Transaction ID : SB29.12353
Purpose of Disbursement nonfederal contribution	29692	011	Amount of Fook Dishurgement this Devied
Candidate Name		011	Amount of Each Disbursement this Period
William H O'Dell		Category/ Type	500.00
	nent For: 2014	Турс	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General Other (specify) ▼		
State: District:	· · · · · · · ·		
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	.,,,,	
SUBTOTAL of Disbursements This Page (optional)			2500.00
TOTAL OF DISDUISEMENTS THIS Page (optional)		······	
TOTAL This Period (last page this line number only).			125750.00